KENT COUNTY COUNCIL

EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

For the year 1923

BY

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School Medical Officer

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DEPARTMENT OF THE COUNTY MEDICAL OFFICER,
SESSIONS HOUSE,
MAIDSTONE.

February 25th, 1924.

To the Chairman and Members of the Kent Education Committee.

MY LORD, LADIES, AND GENTLEMEN,

I have the honour to submit herewith my Eleventh Annual Report upon the work of Medical Inspection and Treatment of School Children in the County of Kent, for the year ended December 31st, 1923.

I desire to make special reference to the excellent work which is being carried out at the school clinics—particularly ophthalmic and dental work—and to suggest that an extension of the dental service should be considered at an early date.

I have previously referred to the desirability of opening one or two new clinics in Kent, as soon as circumstances permit.

Further facilities are also needed in the way of residential special schools, or places thereat, for physically and mentally defective children.

It would be an advantage if the Committee, in conjunction with the County Council, possessed their own X-ray apparatus at Maidstone.

Again, an extension of the nursing service is desirable as soon as possible.

I have included in the report several papers on subjects of special interest by members of the medical and dental staffs.

Dr. J. W. Fox has again assisted me in the preparation of this report, and all the members of the school medical service staff have carried out their duties in a highly efficient manner.

I should also like to record the fact that I have received the wholehearted co-operation of head masters and mistresses, and others interested in school work, which co-operation is essential to ensure the smooth administration of any scheme having for its object the improvement of the health of the scholars.

I thank you for the encouragement and support which I have always received from you.

I am, my Lord, Ladies, and Gentlemen,
Your obedient servant,
ALFRED GREENWOOD,
School Medical Officer.

KENT EDUCATION COMMITTEE.

Report of the School Medical Officer

ON THE

Medical Inspection of School Children,

For the Year ended December 31st, 1923.

1.—The Staff.

There have been no changes in the medical personnel. Dr. S. R. Lane resigned his appointment as a School Dental Surgeon on March 31st, 1923. Mr. F. J Saunders has been appointed to the vacancy, and he began work on April 16th, 1923.

2.—Co-ordination.

Except in various minor details, there have been no changes in the arrangements for effecting co-ordination between the various branches of the medical service.

3.—School Hygiene.

As heretofore, defects in the hygienic arrangements of schools are looked for on the occasion of visits for routine inspection of the children, and the appropriate steps are still being taken for the removal or amelioration of such defects. During 1923, the medical inspectors have made special reports on the ventilation of the schools, and these will be continued during 1924. A summary of the results will appear in my next Annual Education report.

4.—Medical Inspection.

The children are examined as a routine measure at the ages of five-six, eight-nine and twelve-thirteen, and at any other age if some defect is suspected. Every school is visited at least twice a year. Defective children are re-examined at each inspection until the defects are remedied, or until the cases can no longer be followed up, usefully.

There has been a further fall of 3,700 in the number of children on the school rolls.

5.—Findings of Medical Inspection in Elementary Schools.

(*a*) *Uncleanliness.*—The prevalence of verminous conditions in the schools may be judged by the summary of the work carried out by the nurses during the year. These details are given in Table 1, together with the corresponding figures for 1922. Such figures compare favourably with those of the London County Council, where 18.7 per cent. of the children were found to be verminous during 1922. Amongst 154,529 examinations of the children in Kent, 9,727 instances of verminous conditions were found. This result necessitated 30,243 re-examinations, with another record of 8,213 cases still infected. To what extent the last figure includes a few children very many times over, is not known precisely, but its magnitude is thus accounted for.

A comparison with the year 1922 shows that there has been a certain improvement, although the numbers of children excluded show that the worst cases continue without much change. The nurses made on an average 4.8 visits to each school department during the year.

A severe criminal code produces the incorrigible rogue, and measures appearing harsh and, to the children, even vindictive, would have comparable results in the school. Nevertheless, I think that some more drastic action could be taken by the head masters and mistresses of schools in connection with these constantly verminous cases, and result in nothing but good, if accompanied by tact, and by a clear explanation that the measures were not to be regarded in any way as punishment, but as means for the protection of other children against this form of infection. Where class-room and cloak-room accommodation permit, such offenders and their outdoor clothes should be isolated as far as possible. In addition, as suggested in my last Annual Education Report, steps should be taken to secure that all girls should attend school with their hair properly plaited.

There is a tendency in a few schools for the head masters and mistresses to regard this question of verminous condition as a matter entirely for the school nurses. This is a mistaken view, prejudicial alike to the school, and to the repute of its head. Personal cleanliness will only prevail finally if constantly taught and persistently demanded by the school staff.

Table 1. *Summary of work carried out by Nurses during the year* 1923.

Year.	School Roll of area.	No. of Visits to Schools.	No. of Examinations of Girls.	% of Girls Verminous.*	No. of Examinations of Boys.	% of Boys Verminous.*	No. of Re-examinations of Girls.	% of Girls Verminous.*	No. of Re-examinations of Boys.	% of Boys Verminous.*	% of Girls excluded.	% of Boys excluded.	No. of other visits to Schools.	Attendances at Clinics.	% Home visits to School Roll.	% Exclusions to School Roll.
1923	75,926	2,918	85,043	9.6	69,486	2.3	23,029	32.4	7,214	10.3	0.9	0.3	436	1392	21.3	3·2
1922	79,683	2,639	79,696	11.02	62.924	2.2	24,493	32.2	6,951	12.4	1.0	0.2	964	1121	24.9	3.1

* "Verminous" children include all degrees of uncleanliness, from "a few nits" to "many live vermin."

(*b*) *Minor Ailments.*—This term of the Board of Education schedule is somewhat indefinite, but it is considered to embrace those ailments which it is proper for the school nurses to deal with, such as sores, impetigo and ringworm, together with a few conditions treated by school nurses under medical supervision, *e.g.*, mild conjunctivitis. Information with regard to these conditions will be found in the clinic report, nursing summaries (page 14) and in paragraph (*e*) dealing with skin diseases.

(*c*) *Tonsils and Adenoids.*—There has been a progressive diminution for the last three years in the number of cases classified under this heading. The total number of cases for 1923 requiring treatment, or for continued observation, amounted to 1,717, of which 979 were considered to be in need of treatment. During the year 1920, the corresponding numbers were 2,347 and 2,099.

(*d*) *Tuberculosis.*—Twelve cases of definite pulmonary tuberculosis were reported direct from the schools in 1923, and 124 children were found to be suffering from a condition suspected to be tubercular. There were also forty-eight cases of non-pulmonary tuberculosis discovered. Most of the tuberculosis cases are not, however, seen by the school medical inspectors. They are usually not at school and are being treated by private medical practitioners, or at the tuberculosis dispensaries. The figures (summarised below) from the tuberculosis dispensaries give a more correct idea as to the prevalence of this condition amongst the school population.

Table 2. Showing school children from the area of the Kent Education Committee who were seen at the Tuberculosis Dispensaries of the Kent County Council during 1923.

Age.	Tuberculosis of Lungs. (Definite) (1)		Tuberculosis of Lungs. (Suspected) (2)		Glands. (3)		Spine. (4)		Hip. (5)		Other bones and Joints. (6)		Skin. (7)		Other forms of Tuberculosis. (8)		Non-Tuberculous Diseases. (9)		No Disease. (10)		Treated as Pre-Tuberculosis, etc. but not suspected of T.B. Lungs. (11)		Total. (12)	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
5	3	4	4	3	10	5	—	2	—	—	1	—	—	—	2	1	5	3	17	16	10	9	52	43
6	6	3	8	11	8	4	1	2	1	1	2	—	—	1	—	—	5	4	18	6	8	14	57	46
7	6	4	5	4	3	7	4	1	3	1	—	—	1	—	1	—	3	8	14	9	14	11	54	45
8	12	9	11	6	11	5	4	1	1	—	1	—	—	1	2	4	5	4	18	20	18	10	83	60
9	8	11	2	1	8	9	6	2	—	2	—	—	—	—	1	2	4	3	10	18	7	14	46	62
10	11	6	6	4	6	4	1	—	2	1	1	1	—	2	2	1	4	6	17	13	8	14	58	52
11	6	11	6	7	2	5	2	4	1	—	2	—	—	—	—	—	6	5	17	13	8	5	50	50
12	13	9	7	10	8	8	3	2	1	1	3	1	—	—	—	—	3	5	12	10	4	6	54	52
13	12	8	9	6	8	4	2	2	1	2	1	—	—	1	1	1	6	2	17	19	9	7	66	52
14	11	5	1	—	1	4	2	2	—	—	4	—	1	1	—	—	1	—	2	4	—	1	23	17
Totals	88	70	59	52	65	55	25	18	10	8	15	2	2	6	9	9	42	40	142	128	86	91	543	479

(*e*) *Skin Disease.*—524 children with ringworm came under observation during the year, and of this number 343 were fresh notifications, 181 being brought forward from the year 1922. Rather more than half these children had infections of the scalp. 507 specimens of hair from these patients were submitted for examination at the County Bateriological Laboratory at Maidstone, 283 of which were positive and 224 of which were negative.

There were also 552 cases of impetigo and seventy-one of scabies under treatment during the year in the various school nurses' areas.

(*f*) *External Eye Disease.* Squint is recorded more often than any other eye condition and next in numbers follow blepharitis or sore eyelids. Other diseases are, however, relatively unimportant.

(*g*) *Vision.*—2,130 children showed some degree of defective eyesight, and 356 children were affected with squint. Of these, 1,103 were referred for treatment, and 314 for further medical observation. Therefore 8 per cent. of the children examined showed some defect of vision, and approximately 50 per cent. of these required treatment forthwith.

Table 6 gives an analysis of those children with defective vision or suspected defect of vision who presented themselves for examination by the School Oculist at one or other of the eye clinics. Re-examinations have not been included in this analysis. Cases classed as " eye strain " are children requiring glasses, not for poor eyesight, but owing to the presence of symptoms such as headache, arising from strain of the eye muscles and due to, or aggravated by, errors of refraction. These cases amount to 3.5 per cent. of the total. It may be of interest to the oculists of other areas to give the proportion in which the chief errors of refraction were found to occur. Hypermetropia, or long vision, was present in 17.8 per cent. of the cases, myopia 15.3 per cent., hypermetropic astigmatism 38.8 per cent., myopic astigmatism 18 per cent., and mixed astigmatism 10.1 per cent. 13.8 per cent. of the new cases were affected with squint. In the administrative area of Kent, as a whole, there was one case of squint among every hundred children examined. Thirty-eight cases of high myopia or short vision, including re-examinations, came under review. These are the cases of marked short-sight for whom special educational facilities are usually recommended.

(*h*) *Ear Disease and Hearing.*—Table 8, page 51, shows the prevalence of ear disease. It is to a large extent a sequel of throat conditions, and will only be lessened *pari passu* with these latter.

(*i*) *Dental Defects.*—The records both of the medical inspectors throughout the area and of the dental surgeons in the neighbourhood of clinics show a prevalence of dental caries differing little from last year. In the first instance, 11,125 cases or 46 per cent. were reported. In the second case, out of a total of 8,003 children inspected, 5,170 or 63 per cent. were found to require treatment.

Table 3. *Showing the cases of Defective Teeth in each age and sex group during the year* 1923, *and the percentage of such cases in relation to the number examined.*

Age Group and Sex.		Numbers examined.	With four or more defective teeth.		With less than four defective teeth.		Total with carious teeth.		Percentage with carious teeth in 1922.	Percentage with carious teeth in 1921.	Percentage with carious teeth in 1920.
			Number.	Percentage.	Number.	Percentage.	Number.	Percentage.			
Entrant	M.	3839	312	8.13	1317	34.31	1629	42.44	40.92	40.95	49.08
	F.	3654	281	7.70	1334	36.51	1615	44.20	40.14	42.38	50.06
Intermediate	M.	3671	366	9.98	1736	47.29	2102	57.26	45.59	63.49	74.50
	F.	3531	320	9.07	1616	45.77	1936	54.83	60.90	60.74	73.96
Leaver	M.	4082	117	2.87	1722	42.19	1839	45.05	48.99	59.25	53.56
	F.	3928	100	2.55	1606	40.89	1706	43.44	44.87	50.69	54.37
Special	M.	681	44	6.47	94	13.81	138	20.27	13.40	23.67	38.15
	F.	681	53	7.79	107	15.72	160	23.50	17.94	20.50	40.62
Totals	..	24067	1593	6.62	9532	39.61	11125	46.23	44.0	48.6	58.3

(*j*) *Crippling Defects.*—The number of children classed as suffering from "deformities" is returned as 677. Those requiring treatment are returned as 107. Sixty-two other patients are being kept under observation. Information concerning physically defective children (usually established cripples requiring special educational provision or technical training) in the area of the Kent Education Committee is given in Table 9.

6.—INFECTIOUS DISEASES.

Table 4, giving school closures on account of infectious diseases, shows that there has been a marked diminution in prevalence, compared with the year 1922. Measles accounted for more school closures than all the rest of the infectious diseases together.

Table 4. *School Closures during* 1923.

Reason for Closure.	Under one week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	4-5 weeks.	5-6 weeks.	6 weeks and over.	Total.
Measles	9	8	15	5	4	—	—	41
Whooping Cough . .	1	4	9	—	—	—	—	14
Scarlet Fever . .	2	2	—	—	—	—	—	4
Diphtheria	—	1	1	—	—	—	—	2
Influenza	—	1	—	—	—	—	—	1
Chicken Pox . .	1	—	—	—	—	—	—	1
Whooping Cough and Chicken Pox . .	—	—	—	1	—	—	—	1
Measles and Mumps	1	—	—	—	—	—	—	1
Totals	14	16	25	6	4	—	—	65
Totals for 1922 . .	8	82	37	60	14	2	1	204

7.—FOLLOWING-UP.

After a medical inspection, a medical log-book, containing the names and addresses of children with various defects is forwarded from the school concerned to the Central Medical Office at Maidstone. There, a card is prepared for each child, which is sent to the school nurse of the area concerned. The nurse then visits the parents, makes any explanation necessary, and supplies information regarding facilities for obtaining treatment. Her action and results are entered on the child's card, so that at the following medical inspection the school doctor knows precisely what has taken place since the first inspection. The school medical inspector makes any further recommendation which, in his opinion, may be necessary, if treatment has not been secured. If and when at least two recommendations have been ignored by the parent, a letter is written from the office direct to such parent, pointing out the necessity for treatment. Finally, if no action has been taken, the appropriate particulars are reported to the Kent Education Committee with a view to the initiation of a prosecution, if this should appear to be necessary.

The area of the Kent Education Committee is divided into twenty-eight nursing districts, and each nurse attends to the school work of her own area (and also to tuberculosis work, and health visiting in most of the cases). The areas are at present too large, in many cases, for the work to be done as thoroughly as is desirable, but an improvement in this respect cannot be made until the Kent Education Committee can appoint more nurses.

In addition to the whole-time nurses, referred to above, there are also many district nurses attached to the Kent County Nursing Association and other Nursing Associations, who carry out school work for the Committee.

8.—MEDICAL TREATMENT.

Review of the methods employed or available for the treatment of defects. Statement of results.

(*a*) *Minor Ailments.*—Impetigo, ringworm, small wounds, etc., are treated by the school nurses at the school clinics, under the supervision of the medical officer in charge. Most of the clinics are open every morning for half-an-hour or an hour for the purpose of treatment of minor ailments, though the doctor only attends once a week. Where no clinic is available, treatment is carried out at the children's homes—if necessary, under the supervision of local general practitioners, as in the case of ear-discharge, and some other conditions.

A few cases of minor ailments are treated by the autonomous medical authorities of Gillingham and Folkestone. At East Farleigh, a small clinic has been inaugurated, and is maintained by local effort. The figures for these places are included in Table 18.

The following is a summary of nurses' case-cards for the years 1923 and (for comparison) 1922 :—

	1923.	1922.
Ringworm of Scalp	186	133
Ringworm of Skin	150	194
Impetigo	552	469
Scabies	71	59
Sores	48	36
Eye conditions (under a doctor's supervision)	182	172
Ear conditions (under a doctor's supervision)	118	150
Other defects	73	64
Total	1380	1277

(*b*) *Tonsils and Adenoids.*—Except for a small change intended to facilitate "following-up," no alterations have been made in the arrangements for the operative treatment of enlarged tonsils and adenoids. Advice with regard to the treatment of obstructed breathing by means of breathing exercises is to be accompanied by printed instructions which should be of some assistance to parents.

Table 5 shows the institutions carrying out operations for the Committee, and the number of cases treated during 1923. It also gives the number of cases of eye defect treated at those institutions.

Table 5.

Hospital or Clinic.	Eye Defects. No. of Cases.	Tonsils & Adenoids. No. of Cases.
Ashford Cottage	—	29
Bromley ,, ...	—	6
Bexley ,, ...	—	13
Chislehurst, Orpington and Cray Valley	—	22
Dartford, Livingstone	—	50
Deal Victoria	—	—
Folkestone Clinic	33	—
Faversham Cottage	—	16
Gravesend General	4	6
Herne Bay Cottage	—	7
*Kent County Ophthalmic	18	31
Kent and Canterbury	40	26
Margate Cottage	—	12
Margate Clinic	8	—
Royal Victoria Hospital, Dover ..	14	3
,, ,, ,, Folkestone ..	—	51
Sittingbourne Clinic	—	35
Sevenoaks Cottage	—	32
St. Bartholomew's, Rochester ..	18	13
Springfield Nursing Home ..	—	—
Tonbridge Cottage	—	27
Tunbridge Wells Eye and Ear ..	17	26
,, ,, General ..	—	6
Totals	152	411
Figures for 1922	214	462
Figures for 1921	328	749
Figures for 1920	212	634

* Up to the time of going to press, it has not been possible to obtain complete records from this hospital.

(*c*) *Tuberculosis.*—Treatment for definite tuberculosis or for suspected tuberculous disease is obtained at the tuberculosis dispensaries when private doctors are not available. Table 2 gives particulars of children from the area of the Kent Education Committee who attended the county tuberculosis dispensaries during the year under review.

(*d*) *Skin Diseases.*—Cases of impetigo and scabies are considered under "Minor Ailments." Ringworm is also dealt with as a minor ailment, unless X-ray treatment can be adopted. X-ray treatment is carried out at the same places as reported in my previous reports, and a total of fifty-four cases was thus dealt with during the year. There have been no cases of permanent injury arising from this method of treatment for some years now. On the other hand, there has been an increase in the number of children requiring a repetition of the treatment, owing to insufficient exposure to X-rays in the first instance. This has resulted in a large increase in the total period of absence from school after X-ray treatment.

(*e*) *External Eye Disease.*—Inflamed eyes and sore eyelids are treated as minor ailments by the nurses, but only under medical supervision. The more serious affections of the eye, such as ulceration, can only be dealt with at hospital or by private doctors. Such cases are found at school only occasionally. Table 8 gives an account of the number of cases referred for treatment or observation.

(*f*) *Vision.*—Defective eyesight is treated by the school oculist, or at the various hospitals, if no clinic is available (See Table 5). During 1923, additional temporary clinics were opened at Tenterden and Broadstairs. It will be seen from Table 10, that 1,565 cases were treated during the year ending June 30th, 1923.

The arrangements for the provision of spectacles continues as before. It will be noted from Table 6, that 752 spectacles were provided through the school clinics. In 149 cases, it was necessary to assist parents to pay for them.

It is seldom that operation for squint is of value in children of school age ; except from an æsthetic point of view, and the Committee has provided no facilities for the appropriate operation. Operation at an earlier age might often assist treatment in cases of squint but it is not resorted to as often as is desirable. The treatment of children under school age, suffering from squint, makes little progress, and only twenty such cases were treated by the Committee's Oculist during the year. Parents invariably state, as a reason for failure to obtain treatment, that their family doctors have advised them that such treatment is unnecessary, as the squint will disappear naturally. Whilst this statement, of course, is probably due to some misapprehension, the necessity for obtaining the co-operation of general practitioners in regard to the matter is accentuated.

There is no special provision of educational facilities in the county area, for myopic or short-sighted children, and it does not seem practicable in the near future to provide the same. Severe cases may have to be excluded from school for a time, or they can only attend school on certain limiting conditions. Two such have been removed to a school for the blind.

(*g*) *Ear Disease and Hearing.*—Ear discharge is treated as a minor ailment by school nurses, under medical supervision. It is not by any means a minor ailment, but satisfactory treatment is difficult of access and the present measures do at least prevent many serious complications. Dr. Tucker has paid special attention to this condition in his area, and his remarks appear on page 43. The most hopeful line of progress is prevention by timely attention to certain causative throat conditions.

Table 6. *Showing cases of defective vision examined by the School Oculist.*

	Dartford.	Ashford.	Sevenoaks.	Sheerness.	Snodland.	Sittingbourne.	Tonbridge.	Maidstone.	Hythe.	Other.	Total.
Total Cases	350	81	92	168	27	124	147	98	50	56	1193
Refraction	268	66	80	108	18	79	93	85	48	48	893
Glasses prescribed ..	226	42	50	92	14	55	74	61	40	36	690
*Glasses obtained ..	262	41	64	91	8	69	64	64	47	42	752
Re-examinations ..	69	14	10	41	4	53	44	5	1	2	243
Squint	52	9	7	13	4	10	13	13	2	8	131
Hyperopia	21	12	9	12	4	14	19	15	5	9	120
Myopia	31	6	6	9	3	9	9	12	10	8	103
Astigmatism—											
Hyperopic ..	91	18	12	36	5	22	25	24	16	12	261
Myopic	40	7	15	13	—	11	14	9	5	7	121
Mixed	30	3	1	8	2	5	7	6	2	4	68
Affections of Cornea	3	1	5	3	—	1	2	—	1	3	19
Affections of Lens ..	1	—	—	—	—	2	—	2	—	—	5
Affections of Fundus	—	—	—	—	—	—	—	—	—	1	1
Affections of Eyelids	16	2	1	6	1	5	3	2	1	2	39
Conjunctivitis ..	9	2	2	5	1	1	3	—	1	—	24
Nystagmus	5	—	1	—	—	—	—	2	2	—	10
Eyestrain	8	2	6	4	—	4	5	1	3	1	34

* Including glasses prescribed during 1922, but not obtained till 1923.

(*h*) *Dental Defects.*—Two whole-time dental surgeons are working in the area, and very little other dental treatment is carried out among elementary school children. A summary of the work appears in Table 10. A comparison of the figures with those of my report for 1922 should take into account the fact that one month was lost before Dr. Lane's successor began his work. Dental work is one of the most important activities that an Education Committee can undertake in the medical service, and I am of opinion that another whole-time dental surgeon should be appointed as soon as circumstances permit. As I have often stated previously only the fringe of the work is at present being done. Subjoined are the reports for 1923 of the two dental surgeons, Mr. C. E. Thomas and Mr. F. J. Saunders :—

Mr. Thomas reports as follows :—

" The oustanding features of the school dental work for 1923, have been the increase in numbers of children returning for further advice and treatment in later years after first treatment at the dental clinics ; and the organisation of illustrated dental lectures on ' Care of the Teeth ' at maternity and child welfare centres, with gratifying results. Sixteen lectures have been given, and dental talks in the various departments of the forty-eight schools inspected. Parents and guardians constantly report an improvement in the health of children after dental treatment. Where lectures and propaganda work on ' Care of the Teeth ' have been carried out, more parents accept treatment for their children. There is also a marked improvement in the appearance of the teeth as most children then obtain toothbrushes and brush their teeth and gums night and morning.

" All the infant departments of schools in the main clinic areas and many of those in temporary clinics areas have been inspected. This inspection includes the most important age groups—five, six and seven years. Children of these age groups, whose parents accepted treatment, were treated at the clinics and they are being followed up and re-treated as above. It has been discovered that the foundation of much dental trouble commences with the first teeth, and those molar second teeth which erupt at six years of age. These latter teeth are the largest and most important ones in the jaws.

" There are about 75,000 elementary school children on the Kent Education Committee rolls, and it is stated that a dental surgeon should be able to deal with four thousand children requiring treatment in a rural and five thousand in an urban district.

" The percentage of ' refusals ' varies, from 60 per cent. to 30 per cent. in proportion to the time which can be devoted to lectures, propaganda and following up in the area concerned, and the distance required to travel to the clinic.

" The number of children in the five, six and seven years age groups examined, was 2,356, and of this number 1482 (or 62.9 per cent.) required treatment, compared with 66.74 per cent. for 1922. It is obviously impossible for two dental surgeons to cope with the work in a large county like Kent. During 1923, 347 extra and special cases were treated—compared with 462 in 1922. These cases were mostly those requiring extensive treatment, recommended through the medical log books, and casual cases in pain and needing immediate treatment. These special cases will have to be further cut down, to make room for the accumulating re-treatment cases, which increase each year. The above special cases are referred to private practitioners whenever possible. With regard to this matter, Sir George Newman, M.D., Chief Medical Officer to the Board of Education, in paragraph 67 of his 1921 annual report states :—' So long as the supply of dentists is limited their service should be confined to carrying out the scheme of conservative treatment ; only in exceptionally urgent cases should children falling outside the groups included in the scheme be treated. As the scheme develops in the course of natural extension, these cases will tend to disappear. Above all, no dental scheme can be considered satisfactory which fails to approach the problem from a *preventive* standpoint. General health, particularly dental hygiene, and a sound dietary stand in the forefront of prevention of dental decay.'

" Dental treatment consists of fillings, extractions, scaling, dressings, regulation by extraction, administration of anæsthetics and analgesics. Details of this work are shown in Tables on page 57. This treatment has been carried out weekly in the main clinic areas, in my district, *viz.*: Ashford, Tonbridge and Sevenoaks.

" Temporary clinics have also been established at Herne Bay, Hythe, Paddock Wood, Whitstable and Westerham. All these clinics, with the exception of Westerham, have been conducted on the school premises. Much expense and time have thus been saved. Children are also able to attend the clinic from school when called for, and return to their classes at once when it has not been necessary to extract many teeth. All schools are not suitable for temporary clinic purposes, and it is suggested that provision should be made for this when building new schools or making alterations where clinics are necessary.

" Paddock Wood dental clinic has been suspended for the time being, owing to the limited staff and as it was necessary to use a class-room for the purpose. It has not been found necessary to interfere with the other temporary clinics as alternative accommodation was available in the schools.

" Valuable help has been rendered by the head teachers, in establishing these temporary clinics, and their co-operation is much appreciated.

" A dental nurse always attends the clinics to look after the children, sterilize instruments, etc., mix fillings, and do the clerical work. It is advisable that the clerical work connected with the clinic should be cut down to a minimum in order that the time may be devoted to actual treatment. The following table compares the numbers of children in the five, six and seven years age groups, requiring treatment, with the numbers in the previous year.

	1922.		1923.		1922.	1923.
Age.	No. Examined.	Requiring Treatment.	No. Examined.	Requiring Treatment.	% Requiring Treatment.	% Requiring Treatment.
5	740	438	712	399	59.18	56.03
6	954	616	841	534	64.57	63.49
7	976	728	803	549	74.59	62.90

" It will be seen that there is a slight improvement in each age group, most noticeable in the seven years old children. In addition to these numbers 149 children of eight years of age and 110 special cases were examined ; of these 100 and 103 respectively required treatment.

" About 50 per cent. of children previously treated require further treatment during the following years of their school life. The actual figures for 1923 were 1,958 re-examined, and 1,010 (or 51.8 per cent.) required further treatment. Four hundred and fifty-five of these cases were treated, compared with 285 in 1922.

" This increasing number of re-treatment cases unfortunately necessitates a reduction in the number of new cases one is able to treat, as there has been no addition to the staff for the extra work. The figures for 1923 reveal this decrease. The object of completing as many re-treatments as possible, has been to ensure that the children treated, will be followed up through the school, and leave dentally fit.

" The numbers of attendances made by children at the dental clinics, was 1707, and at each of these attendances treatment was given. Some children had to attend three or four times, before the treatment was completed, and the number of individual children actually treated was 1293. Of this number 455 were re-treatment cases. Extractions numbered 384 permanent and 2348 temporary teeth. Fillings 2146 and dressings 1897. Anæsthetics and analgesics (1869) were administered for difficult extractions. The number of children inspected was 4573 of whom 2695 required treatment or further treatment after re-inspection.

" It is becoming more evident that diet and nutrition play an important part in the formation and condition of the teeth and jaws, and adjacent parts. Milk, butter, cheese, eggs, fish, bacon, green vegetables, salads, fruit and whole meal bread contain valuable proteid carbo-hydrates, fat, calcium and necessary food factors or vitamins which control the calcification of bones and teeth, and promote good health. On the other hand, poor people mostly live on white bread, margarine, jams, potatoes, tea, coffee, cocoa and occasionally meat which is more often than not frozen or tinned. This is a deficient diet and does not contain the essential substances in the same or correct proportion as in the first diet. Most of the crowns of the temporary teeth are calcified before birth, and if the expectant mother has bad health, bad teeth, or is undernourished, it will affect these teeth. This shows the necessity of connecting up the maternity and child welfare centres with the dental clinics. Acid fermentation following stagnation of refined carbo-hydrates and adulterated food, of which an excess is eaten, will quickly cause these badly formed teeth to become carious, after eruption. The jaws of civilized people do not grow sufficiently large for the teeth, owing to lack of mastication and to carious teeth in young children. Overcrowded teeth result, which favours the accumulation of food and helps to cause pyorrhoea. The British Dental Association has appointed a committee to enquire into the adulteration, preservation and undue refining of modern foods, in relation to dental defects.

" The permanent teeth form deep in the gum during the first year or two of life ; but they will not calcify properly in an unhealthy, undernourished or badly fed child. A child artifically fed with patent foods is more likely to have badly developed jaws and defective teeth than one naturally fed. Children should not have more soft food than is absolutely necessary ; but should exercise the jaws and teeth on food which requires mastication."

Mr. F. J. Saunders reports as follows :—

"Having been engaged from April, 1923, on the School Dental Service for the area of North Kent, I am in a position to relate the progress of the dental scheme in this area from that month only.

"Of the total number of children inspected at the various schools, there are approximately 65 per cent. who have carious teeth. 10 per cent. to 15 per cent. of this number suffer from extensive caries.

"Parents of children are invariably paying more attention to oral hygiene, and when the occasion arises for treatment, the child is brought to the clinic.

"After years of effort, parents are beginning to realise the importance of oral hygiene, and its direct relationship to general health. The school dental clinic is gradually becoming highly appreciated by many who attend. Appointments are usually strictly observed, and punctuality is becoming the rule.

"The result of dental treatment in cases where oral hygiene has been neglected, the parent repeatedly acknowledges, is that there has been a very noticeable improvement in the general health of the child; while reports from schools signify that the child is brighter, and more attentive.

"Much credit is due to the school nurse, who frequently visits cases of long standing, and points out to the parent the necessity of dental treatment, to ensure an improvement in the general health of the child.

"Propaganda work is essential. Mothers should be instructed that during the first few years of life, the greatest and most active development of tissues, and organs of the body is taking place, and that improper feeding at this period, can readily produce disastrous results to the teeth. Dummy teats, thumb sucking, and teething-powders which contain mercury are harmful, as the two former produce abnormality of the jaws, and the latter affect adversely the structure of the teeth."

The Departmental Committee on the Dentists Act, submitted the following report when enquiring into the evils of dental practice by persons not qualified :—

"Having regard to the large amount of preventable sickness and chronic invalidity terminating, in many instances, in premature death which results from the effects of oral sepsis and decayed teeth, the Committee view the facts which have been brought to their notice with the gravest concern. They are of the opinion that the state of affairs revealed should receive early attention, with a view to the improvement of the health of the nation and an increase in its industrial efficiency.

"The Committee attach the greatest importance, in the interests of the general health of the community, to the early establishment in the area of each local education authority of a complete scheme of dental inspection and treatment.

"In the existing circumstances the Committee emphasise the importance of the Board of Education using its powers to obtain with as little delay as possible, the provision of adequate dental treatment for the six million children in elementary schools, which it is now the duty of the local education authorities to provide. In conclusion, we wish to state very strongly that, in our opinion, the State cannot afford to allow the health of the workers of the nation to be continuously undermined by dental neglect.

"Steps should be taken without delay to recognise dentistry as one of the chief, if not the chief, means of preventing ill-health, and every possible means should be employed for enlightening the public as to the need for conservative treatment of diseased teeth. The dental profession should be regarded as one of the outposts of preventive medicine, and as such encouraged and assisted by the State. Treatment should be rendered available for all needing it."

(*i*) *Crippling defects and Orthopædics.*—The only orthopædic centre with which the Committee has an agreement in the administrative area is at Canterbury, where a few children were treated during the year. Other children obtain treatment at the West Kent General Hospital, Maidstone. Certain crippling defects such as heart disease are included among the cases admitted to the Florence Emma Home, Kearsney, near Dover. This is a home for physically defective children in need of an open-air life, free from disturbing influences. The ordinary crippled child, for whom further treatment is not available, is sent to a home for training in some means of earning a livelihood, when this can be done. Most of these cases go to the Chailey Homes in Sussex. I visited the Chailey Homes during the year, and saw all the children from the area of the Committee; and was most favourably impressed by the prevailing conditions. The situation is ideal, the training provided is many-sided and effective, and there is a general air of content. Indeed some normal children might almost be envious of their crippled brothers.

A classification and enumeration of physically defective children at the ordinary schools and in certified schools will be found in Table 9.

9.—OPEN-AIR EDUCATION.

There is no change to report.

10.—PHYSICAL TRAINING.

There is no change to report. From the point of view of the School Medical Service, I think that benefit would accrue from further organisation of physical training, with a view to the prevention, more particularly, of deformities such as spinal curvature, and of mouth-breathing.

11.—PROVISION OF MEALS.

The situation with regard to the provision of meals is set out in the report presented to the Elementary Education Sub-Committee on 14th January, 1924. It is reproduced below :

" Reference was made in the last report to the effect of the economic position upon the work of school canteens. During the year under review the Committee have found it impracticable to open any new canteens mainly on account of the difficulties of accommodation. Negotiations are, however, proceeding in connexion with schools where there is suitable accommodation available or where it is possible to erect the necessary buildings without calling upon public funds.

" Much has been done in the way of stimulating the work of existing canteens, and it has been found possible to improve the qualities of the *menu* without increasing the charge for the meal which is now as a rule 3d. A reduction is usually made in the case of large families. An important point impressed upon the parents is that the price of the meal is not greater than the cost of the food that can be given to the child to take with it.

" The Committee continue to receive reports from school medical inspectors, teachers and attendance officers indicating that the influence of canteens upon regular attendance at school and upon the physical and mental condition of the scholars is considerable.

" Most of the canteens are now self-supporting and the Committee are glad to find that their schemes have encouraged voluntary workers in the development of canteen work.

" The Committee continue to provide meals without payment at Dartford and Crayford. In other areas where canteens exist, the local Canteen Committees have been able to make provision for necessitous children without calling upon the Committee to pay for the food. Much has also been done where canteens do not exist by managers and teachers to meet individual cases of malnutrition and the Committee have continued to receive information of many schools at which the formation of a canteen is highly desirable but in which action has, for economic reasons, been deferred.

" Of the total expenditure of £2,856 13s. 6d. on school canteens for the year ended 31st March, 1923, it is estimated that money grants to school canteens serving free meals amounted to £1,690 18s. 7d. The balance of £1,165 14s. 11d. has been expended on equipment for emergency and new canteens, grants to permanent canteens and administration expenses. This expenditure compares with £3,322 4s. 1d. for the year ended the 31st March, 1922, a decrease of £465 10s. 7d.

" The number of meals supplied during the year ended 31st March, 1923, at the expense of the Committee, was 109,926. The number of meals supplied in return for payment by parents or funds raised locally was 161,754. Total 271,680.

" During the same year there were fed in the county at the expense of the Committee 541 children ; on payment of a fee 1,138 children; making a total of 1,679. The number of individual children fed free has decreased by fifteen. The number of free meals provided by Local Canteen Committees out of their own funds was 7,509.

" The average cost of meals during the year for food only was 1.8 of a penny, against 2.05 of a penny in 1922, and the average cost of meals, after allowance has been made for all expenses was 3.4 of a penny, against 3.612 of a penny for the year ended 31st March, 1922.

" The importance of providing facilities for the proper feeding of little children attending elementary schools is a question of grave concern, and one which agitates the minds of school managers in remote country districts where schools are often some distance from the homes of the children. It is a matter for regret that school canteen work has had to be curtailed owing to the financial stringency."

The following are extracts from reports received from the school medical inspectors :—

DARTFORD SCHOOL CANTEEN.

(*a*) *System of Selection.* All children who present tickets to the superintendent at the canteen obtain a meal. The tickets are marked fourpence, the price of the dinner, but the superintendent states that a child whose father is unemployed receives a ticket free each day. The head teachers at the various schools in the area keep a number of the official tickets, which they sell or distribute to the children.

(*b*) *Sufficiency and suitability of the dietary.* Dinner is provided daily for an average of seventy-five to eighty. The quantity provided is ample for this number, but if an unusually great number present themselves on any day the helpings are reduced so that the same quantity may go round.

The meals are provided as follows :

Monday—Fish pie containing potatoes ; beans ; boiled rice (or tapioca) and milk.

Tuesday—Lentil soup with potatoes and vegetable marrow ; currant and plum pudding.

Thursday—Stewed mutton with turnips and potatoes ; fig pudding.

Friday—Fish pie and butter beans ; date pudding.

Wednesday—Shepherd's pie and haricot beans ; rice pudding.

In my opinion there is not sufficient attention given to the provision of fresh fruit and vegetables, especially of greens. A local Co-operative Society provide the meals on contract, and I believe they do not deal with fresh fruit or vegetables, which probably accounts for the absence of these from the dietary.

The attention of the superintendent was called to this absence of fresh vegetables and fruit, and she states that, in the summer months, the children had some greens occasionally.

The iron, phosphorus and water-soluble vitamines content of the dietary is very low for growing children, who need these for forming blood and for their active metabolism.

(*c*) *Educational aspect.* The children are instructed by the lady superintendent in table manners and conduct. Four or five of the big boys do the distributing and waiting on the others. The children conducted themselves very well on the occasion of my inspection.

(*d*) *Suitability of accommodation.* Suitable tables and benches are set out in the men's Drill Hall, which was not heated and was very cold on the occasion of my visit. Equipment for the kitchen and the table is satisfactory. The kitchen adjoins the hall.

(*e*) *Supervision and efficiency of the service.* The lady superintendent looks after the cooking and distribution of the dinner, and the washing up ; she has a woman and a boy as assistants. These are all paid by the Co-operative Society. Some meals are cooked at the Society's depôt, and the service is efficient and punctual.

(*f*) There are no arrangements made for ascertaining or recording the effects of the meals on the physical or mental condition of the children, but the superintendent expresses the view that the children generally show an increase in weight when they come regularly for the meals.

(*b*) *Economic administration of the work.* The Co-operative Society provide the meals on a profit basis and these meals compare favourably with those provided at the other centres where the administration and the service are voluntary.

KESTON SCHOOL.

1. *Dietary—Sufficiency and suitability.* Sufficient and suitable in all respects. Each child has sufficient to satisfy appetite. Meals consist of two courses, the selection being as follows : Scotch broth, hashes, lentil soup, various milk puddings, date pudding, jam roll, gravy puddings, cottage pie, meat rolls, mince, savoury beans, etc., etc. No bread is served.

2. *Attention given to educational aspect of work.* Good table manners are insisted upon. Children aid in setting out plates, and removing same when dirty.

3. (*a*) *Suitability of accommodation and equipment.* The accommodation is sufficient and suitable, and the equipment satisfactory. The cooking is carried out in a separate building close to the class-room where meals are served. A large gas stove is installed and there is a full equipment.

(*b*) *Efficiency of service and supervision of meals.* A cook is employed under the direction of the lady superintendent.

4. *Arrangements made to ascertain and record the effect of the meals on the physical and mental condition of children.* Form 20 M.I. not kept up to date, probably owing to the labour involved. I have personally, however, seen the benefit conferred on one or two anæmic children who have taken the meals. The school staff, who are in a good position to judge, testify to the good physical and mental effect of the meals.

5. *Economical administration of work.* Between fifty and seventy children take the dinner daily. A charge of threepence-halfpenny per child is made. If two or more take the meal the charge is threepence each. No free meals are given. Receipts and expenses roughly balance, after allowing for the small grant from the Education Committee. All materials are bought as economically as possible, vegetables locally, and the meat in Bromley.

HERNE BAY CANTEEN.

"I visited the school canteen at Herne Bay. It is still held in what was formerly a schoolroom attached to the Church. The accommodation is satisfactory. The average daily attendance is sixty.

The children pay threepence each per meal. At the present time two children are being paid for by the Herne Bay Philanthropic Society.

The cost of wages is 18s. 6d. per week. Gas cookers are in use. There is also a large copper, a suitable sink, and a food store. The equipment is satisfactory.

The food is bought locally by the cook at reasonable prices. The meal consisted of savoury pie and bread, followed by boiled rice and sugar. The head teachers of the boys' and girls' departments attend each day and supervise the canteen. Four children wait on the others."

12-14. SCHOOL BATHS. CO-OPERATION OF PARENTS. CO-OPERATION OF TEACHERS.

There have been no developments under any of these headings.

15.—CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

The nurses, in their capacity of health visitors, have cards for each child under supervision if of less than school age. These cards, when finished with, are forwarded to the Head Office, where any entries of medical interest are transferred to the medical inspection schedules, Forms 1 M.I. Forms 1 M.I., so filled, are then sent to the Director of Education in order that the school attendance officers may trace the children and hand the cards to the head teachers of the schools on the roll of which the children concerned are or will be entered. This ensures continuity of medical records between infancy and school age and is of some assistance to attendance officers in securing school attendance at the proper age. This arrangement came into force during July, 1923, and 7,500 schedules were thus disposed of up to December 31st.

16.—CO-OPERATION OF VOLUNTARY BODIES.

The Kent Voluntary Association for Mental Welfare, lately established, is doing an important work in the county, and is meeting a pressing need, more especially that of supervising and helping the feeble-minded after leaving school. The annual report of the Association is given below:—

Report of the Kent Voluntary Association for Mental Welfare.

"This Association began work in September, 1922, and was financed by voluntary contributions until July, 1923. After this grants were received from the County Mental Deficiency Committee (£200) and the Kent Education Committee (£100) and three representatives from each Committee were placed upon the Executive Council of the Association. Each of the autonomous Education Committees in the county was also asked to appoint a representative on the Association, and to subscribe £5 5s. towards the work done in their areas.

"Up to December 31st, 1923, 562 children were notified to the Association by the Kent Education Committee; these were out of a total of 1,180 names received. The first list of 508 children included all those that had been certified under the Act, 195 of whom were already over the age of sixteen years. Many of these have already been traced, and it is hoped that the Association will be able to provide them with that continuous help and supervision which is so urgently needed by the feeble-minded. In the same way supervision will continue for all children after sixteen, when they are no longer the responsibility of the Education, or any other Authority.

" Out of a total of 686 visits paid by the Secretary and her assistant, 327 were to cases notified by the Kent Education Committee and 72 by autonomous Education Committees.

" The visits are warmly welcomed by the parents, and help and advice is gladly received by them, for they often realise that special training is necessary, though they are ignorant of the best methods of giving it. There are approximately 300 feeble-minded children of school age in the area covered by the Kent Education Committee, and of these only between thirty and forty are receiving special school education at Tonbridge, and though the Association cannot in any way compensate for this loss to the others, yet it makes the work of supervision of still greater importance.

" Local Care Committees are now being formed, a beginning has been made with seven, of which four are already at work, and it is hoped that by degrees the whole county will be covered. Each Committee covers a large area, and reports are sent to the Central Office on every case twice a year. If any emergency arises the Secretary is notified at once, and pays a personal visit. It is hoped that by this method of organisation a very useful work will be done, which will gradually become of great economic value to the county.

" Twenty-one reports have been made to the Kent Education Committee, where special action has been considered necessary, and as a result two boys are now in special residential schools, and one girl has been accepted. The attention of the Local Control Authority was drawn to eight cases. Of these, two are now in institutions, and six are placed under statutory supervision, and a girl of fifteen has been sent to a special home for a year's training, by voluntary subscriptions raised by the Association."

17.—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

(*a*) So far as administrative action can secure it, the arrangements for ascertaining what children are blind, deaf or epileptic are fairly satisfactory, and there must be few of these cases which escape observation. The arrangements have been described at length in previous reports. The same remark applies to the mentally deficient, except in the case of the higher grades of feeble-mindedness. Here, ascertainment is doubtful, to the extent that the condition to be detected is itself doubtful. Table 9 is a return of these exceptional children, and shows also to what extent they have been dealt with by means of certified schools, etc.

(*b*) Dr. Tucker, the Medical Officer of the Day Special School at Tonbridge, reports as follows :—

Report on Special School, Tonbridge, 1923.

No. on Roll, Jan., 1923 : 12 Boys, 18 girls. Total, 30.
No. on Roll, Dec., 1923 : 14 Boys, 15 Girls. Total, 29.
No. admitted during year : 4 Boys, 1 Girl. Total, 5.
No. left during year, 2 Boys, 4 Girls. Total 6.

" Of the six children who left during the year, two girls and one boy had attained the age of sixteen . One girl was certified imbecile, one boy, an epileptic, was admitted to a Mental Hospital, and one girl was admitted to Dr. Barnardo's Home.

The head teacher reports as follows :

" The bulk of the children give every sign of progress and in some of the more backward cases there seems to be a dawning intelligence. All are much more alert and observant and take more pride in their personal appearance. The attendance is very good indeed."

I agree fully with the above remarks. The children now attending this school are, with, I think, about four exceptions, of a type that will benefit from the education given and they should all be able ultimately to earn their own living when they leave school.

The general cleanliness and physical condition of the children shows decided improvement and there are fewer untreated defects.

I should again like to emphasise the importance of some form of supervision or after-care for these children on leaving school.

Four boys, at least, who have left since 1919, have appeared in the police courts on more or less serious charges."

Dr. Fox reports in connection with Dartford :—

" The Day Special School at Dartford was closed down at the end of the summer term, with the permission of the Board of Education, its place being taken by classes for sub-normal children at certain ordinary elementary schools. Of the 26 children on the roll of the Dartford Special School, 8 have been transferred to these special classes, 5 have been certified under Schedule D, and notified to the Local Control Authority, whilst the remaining 13 are under the supervision of the Kent Voluntary Association for Mental Welfare. The classes for sub-normal children at the elementary schools are to a certain extent of an experimental nature ; their primary object is the education of the markedly dull children by the methods in use at special schools, and the affording of relief to the ordinary classes by the removal of these dull children, whilst maintaining association between the two groups. For the purpose of these classes, the higher grades of feeble-minded children will be treated as though they were simply dull.

" Feeble-mindedness is relative to the society in which it is found. Like, say, shortness of stature or muscular feebleness, it is not a clinical entity ; although, also like these, it may be caused by or may accompany diseased states. Diseased conditions may be suspected when emotional or certain physical abnormalities are found associated with a weak intelligence, but it is not these abnormalities which determine the necessity for special educational methods ; they may, however, make it undesirable to attempt to educate a particular child with other children of similar intellectual endowment in a special class. Fortunately, emotional conditions so pronounced are not often found in the higher grades of the feeble-minded, but rather with imbecility and the lower grades. The certified day special school is no more suited for dealing with them than the Committee's new special classes for the dull, and children showing these aberrations require the advantages of a residential school.

" In addition to children with an innate feebleness of mind, i.e., the naturally dull or feeble-minded, there are others whose mental powers have failed to develop owing to lack of use, whether from physical disabilities, such as deafness, or from unfavourable factors in the environment. They are the backward children and constitute a hopeful group. Even without the removal of these disabilities, the backwardness, in a social sense, tends to get less, but with adequate medical attention, relief of the children from home neglect or ignorance, and the advantage of special educational provision, there is every hope of its complete disappearance. Backward children should only find a temporary refuge in the special class, and the length of time necessary to fit them for transference to the normal class will afford some indication of the efficiency of the educational methods employed. The special class associated with the ordinary school should be even more successful with these cases than is the certified day special school."

It has been accepted as a principle that the schools selected for the establishment of dull and backward classes should be conveniently situated, should possess suitable accommodation and should be in charge of alert and sympathetic head teachers. So far as possible, boys and girls are provided for in separate departments. Up to 12 years of age the classes form part of junior departments. After this they are transferred to senior schools. The girls' schools have a practical room for the teaching of domestic subjects. The boys' schools are provided with equipment for work in wood and metal and generally speaking, with a garden. Classes are limited to a maximum of 25 to 30. They are usually equipped with tables and chairs and are in charge of a teacher who has been selected for the purpose. These teachers have been required at the outset to undergo a special three weeks' training course at the Goldsmiths' College, New Cross, where particular attention has been given to the methods of instruction most suitable for dull and backward children. The teachers have also had an opportunity of becoming acquainted with the newer methods of testing children and of keeping individual records.

Classes have already been formed at the following schools in the Dartford area :—

Dartford, York Road Boys—Junior.
,, ,, Girls—Junior.
,, St. Alban's Road Girls—Senior.
,, West Hill Boys—Senior.
Bexley Heath, Graham Road Boys—Junior.
,, Uplands Girls—Junior and Senior.
Welling East Wickham, Mixed—Junior and Senior.

A Class for Juniors has been established at Orpington, Wellington, Road ; corresponding developments are taking place at Northfleet, Whitstable and elsewhere.

18.—NURSERY SCHOOLS. None established.

19.—SECONDARY AND PRIVATE SCHOOLS.

With the unofficial sanction of the Board of Education, it has been decided to revert to the original plan of examining pupils at entry, and at ages ten, twelve, and fifteen, instead of every year, as at first required by the Board. In addition, all defective children are re-examined at each visit of the doctor, and the head master or mistress brings forward any other child who is suspected of having some defect. The doctor's visits continue to be terminal. With these arrangements it is possible to give more attention to defects found, and there will not be a general feeling among parents that their children are being " over-inspected."

FINDINGS OF MEDICAL INSPECTION IN SECONDARY SCHOOLS.

(*a*) *Uncleanliness.* Eighteen cases have been recorded altogether. There is no routine inspection of heads by the school nurses, as is the case in elementary schools.

(*b*) *Minor Ailments.* See skin diseases, blepharitis, or conjunctivitis Table 13, page 60.

(*c*) *Tonsils and Adenoids.* Eighty-six cases were noted for treatment and 113 for further observation. The figures do not differ materially from those of the year 1922.

(*g*) *Defective Vision.* As was the case in 1922, seven per cent. of the pupils examined showed untreated or doubtfully treated defect of vision sufficiently marked to require treatment. The total number of defects amounted to 864, or seventeen per cent. of the pupils examined. Of these, 557, or twenty-three per cent., were found among the girls.

(*m*) *Medical Treatment.* To what extent the defects found in a given calendar year have been treated is not known early enough for the information to be incorporated in this report, but corresponding information in respect of the year ending June 30th has been obtained, and the details concerning the chief defects are found in Table 14 on page 62. It may be assumed that the number of defects to which these figures relate is the mean between the numbers recorded in 1922 and 1923. Thus, the defects of vision referred for treatment in the year ended June 30th, 1923, total 394. By Table 14 it is seen that 344 of these have been treated, a result which is not unsatisfactory, and an indication that inspection of secondary schools is serving a useful purpose. In addition, the table shows that treatment has been obtained without resort to the facilities provided by the Committee primarily for elementary school children. It may be repeated that these facilities are available for secondary school children when economic or other circumstances require it. When only a clinic is available for treatment, and the parents can afford to pay the cost, they are required to do so.

20.—CONTINUATION SCHOOLS. None established.

21.—EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

The employment of children has decreased continuously since the adoption of Bye-Laws under the Employment of Children Act, 1903, on the 1st April, 1922. The number of children regularly employed on 1st October, 1923, was 189, as compared with 224 in 1922. It has not been necessary to institute proceedings for illegal employment during the year ended 31st December, 1923.

22.—SPECIAL ENQUIRIES.

The following special reports have been received from the school medical inspectors :—

Clothing and Footwear.

Dr. Mary O'Connor has stated as follows :—

In the course of my examinations I have found the majority of children attending the secondary schools well and suitably clad, and only in a few instances have marked eccentricities of clothing been met with. In a relatively large proportion of cases, however, children come to school with bare legs, and great difficulty has been experienced to convincing the parents of the dangers of such exposure, especially in the vicissitudes of our winter climate. They argue that to expose the legs in all weathers will make the child hardy, a totally fallacious and unwarrantable assumption, and they cannot be made to realise that children are peculiarly sensitive to changes of temperature, and that the equilibrium between heat production and heat dissipation is easily disturbed in their cases with often serious consequences to their health; others object to any change on aesthetic grounds.

There is also a widespread failure to appreciate the importance of woollen underclothing, Some mothers object to its use on the grounds that it is irritating to the skin and that it tends to shrink on washing. These are trifling objections when its great powers to absorb moisture and retain heat are considered, and its suitability, especially the shetland variety, for underwear at all seasons of the year has been strongly impressed upon mothers. Equally important is it for children to wear long stockings and this has been pointed out with similar emphasis. For hypersensitive skins the finer Vicuna wool acts as an excellent and comfortable substitute for the coarser variety.

Tight rigid corsets which were formerly responsible for much physical pain and deformity are practically non-existent in the schools, their place having been taken by Liberty bodices or some modification of them. The unyielding corsets are usually only found when the undergarments are suspended from the trunk—a practise which cannot be too seriously condemned. With the extension of physical drill and gymnastics in the schools, it is hoped that these mischievous inventions will soon become a thing of the past.

Footwear. In most of the schools, gymnasium shoes are now worn on the school premises, and I have found a remarkable absence of deformed feet, bunions, callosities or corns, which are a constant feature of tight, ill-fitting, badly-shaped boots.

Malnutrition in Children of School Age.

Dr. F. Wolverson has stated as follows :—

" The subject is old and hackneyed, but, however much this is so, the condition is extremely common and the influence of it upon the growing child is of the greatest national importance.

" On approaching it, one finds that the condition is by no means confined to the children of the poor, and some of the really bad cases are children from homes which, as regards diet, hygiene, etc., are quite satisfactory. In secondary schools, to which only the pick of the children of the working-classes attain, there is a surprising number of children who are under weight.

" While it is true that where there is poverty, malnutrition is likely to be greater in degree, it is also true that one finds well-nourished and fit children, living in the most unpromising environment, in families which are below the poverty line.

It soon appears also that, in seeking for the cause of malnutrition in individual cases, one has to look further than to lack of food, improper food, bad air, and the other common concomitants of poverty.

Causes of Malnutrition.

" 1. *Insufficient Food.* This is not common in my district, except in one school, and even there not to any extent. The vast majority of children have sufficient food in bulk.

" 2. *Improper Food* is very common. I find on enquiry that a number of children in Ashford Council School have for their breakfast, what they call " bread and butter," which really means bread and margarine, with the inevitable accompaniment of tea, in most cases without milk. Many of the same children bring to school for their midday meal, unappetising hunks of bread and margarine, supplemented with a little jam or meat. They go home at four o'clock, and have bread and margarine, once more accompanied by tea, and this is repeated before they go to bed. Occasionally they partake of stew, and on Sundays get a little meat. The cause of their malnutrition is obvious. The margarine is of poor quality, deficient in beef or meat fat, and therefore in the necessary vitamines.

" It is not always easy to obtain correct information from children as to their diet ; loyalty and shame often induce falsehood. Of the cases where information could be obtained, thirty per cent. of all children in Ashford Council Infants' School said they had had a ' bread and butter ' breakfast, in some cases with jam.

" In the country I found bread and cheese or toasted cheese or fried potatoes favourite breakfast dishes. Porridge and milk in the country occurs in about fifty per cent. and in the town rarely. Tea is invariably taken.

" It is found, however, that some children who have had bread and butter breakfasts, are up to standard weight. These must, of course, have other more satisfactory meals. One finds also that there are children who have had breakfasts of porridge or bacon and eggs, who are mal-nourished.

" 3. *Bad hygienic surroundings.* I do not believe this is, in itself, a cause of severe malnutrition. There is a colony in Ashford of houses which are small, overcrowded, badly designed, ramshackle and crowded together, possessing all the bad points which houses could be imagined to possess, where the great majority of the children are amazingly fat and well. Their parents are, for the most part, hawkers, and the children get a liberal supply of the food which is not sold.

" Bad hygiene is a contributing cause, and will aggravate, when combined with other causes. In other words, children nourish better in good hygienic surroundings, but they sometimes nourish exceedingly well in bad ones. Life in a fœtid atmosphere is intermittent, the children go to school or play in the open air. There is a fire which provides, with ill-fitting doors and windows, ventilation in the living room, and it is only when they are in bed, with every crevice closed for the sake of warmth, that the worst conditions prevail.

" That improper food, combined with bad hygiene, cannot entirely account for malnutrition is made clear by the existence in a large family, of one or two very ill-nourished children, while the rest answer the weight for height test fairly well. The conditions of food and hygiene apply equally to all of them.

" One is aware that, in many cases, some acute illness ushers in a period of malnutrition. Measles, or other infection, upsets the balance of their physical income and expenditure, and the child is not able, with his diet, and in his environment, to overtake the adverse balance.

" 4. *Heredity* is a favourite explanation of malnutrition on the part of parents and teachers. The phrase ' Pharoah's lean kine ' is common. Apart from hereditary disease or tendency to disease, however, it is negligible. Hereditary syphilis and tuberculosis are the causes in a very low percentage of cases.

" Tuberculosis is much more often the result, than the cause, of malnutrition.

" 5. *Self-abuse* is negligible, and as a cause of malnutrition in children, is enormously overrated by parents and teachers.

" 6. *Enlarged tonsils* and adenoids are much more important causes :—

" (*a*) Acting as obstruction to proper oxygenation. Fresh air and open windows are of no avail if the respiratory passages are blocked.

" (*b*) Producing toxic absorption.

" Complete removal of tonsils and adenoids at once remedies these, but I find, in ill-nourished children, many cases of incomplete removal. This is sometimes worse than the original condition, and the tonsils are more septic than ever, although the obstruction may be less.

" 7. *Teeth.* Septic teeth are a contributing cause of malnutrition by toxic absorption and also by inducing stomach trouble. Still, a child may have quite a lot of bad teeth and be perfectly fit.

" 8. *Chronic Appendicitis.* I mention this, which is a comparatively rare condition, because I have found, in several cases of obscure chronic appendicitis, the improvement in nutrition after removal of the appendix, to be astounding.

" 9. *Clothing.* (*a*) Insufficient ; (*b*) Excessive. Contributing causes.

" All the above causes, however, are within the purview of the routine medical inspection. Obvious under-feeding or ill-feeding, uncleanliness (reflecting the home conditions), hereditary disease, enlarged tonsils and adenoids, bad teeth, are all logged and dealt with in conjunction with the nurse or voluntary organisations, but there are two fertile causes of malnutrition which it is quite impossible for the medical inspector to touch, viz., over-fatigue and bad food habits.

" A large number are mal-nourished in consequence of the former. The mothers who come to a routine inspection are unfortunately for the most part, the careful thrifty women, and it is somewhat astonishing to get from such a mother a detailed programme of a child's doings for a period of twenty-four or forty-eight hours. The following is a typical case :—

" A girl, aged eleven, well clothed, fed and housed, intelligent and alert, losing weight and with a postural curvature. No other physical defect. She rises at 7.0 a.m., practises the piano for half an hour, has breakfast, leaves for school at 8.15 and walks a mile to get there. Is in school 9.0 to 12.15, with a short break, walks home, has dinner, walks back to school, where she is working from 2.0 to 4.30, including drill and games. She then walks home, has tea, does the errands, helps her mother to wash up and do little light jobs, practises for half an hour on the piano, does her home lessons (about half an hour), plays with her little brother and goes to bed at about 9.30.

" This is a very moderate case. I took particulars of many. There are many girls who spend hours nursing a baby almost half their own weight, and doing housework, that sometimes includes scrubbing and other heavy duties, and this on the top of their work at school, which is exacting enough in these days. The vicious result of this is that the child becomes listless and careless in her school work. Extra pressure is immediately applied by the teacher and the circle is complete.

" Many cases of very dull and backward children (called mentally deficient by the teacher) are cases of malnutrition and over-fatigue. In the case instanced above, a complete cessation of work, followed by a considerably modified daily programme, was followed by immediate and consistent gain in weight.

In secondary schools over-fatigue is the principal cause of malnutrition. The children in these schools are drawn from a better class. If they are paying pupils, they have usually been well fed and cared for, and any physical defects attended to. If they are scholarship students, they have undergone an admission examination, and the remedy of defects insisted on. One has, therefore, in practically every case of malnutrition, to look beyond the first six causes herein mentioned.

" Now it is the case that secondary school children, of necessity, travel much longer distances than elementary pupils, and, of course, they work at a much higher pressure. Children from the country catch a train or omnibus at 8.0 or 8.15, and do not get back to their homes for ten hours. Others ride a bicycle four to six miles each way in all weathers.

" The following is a typical case taken from many. A boy, 14 per cent. under weight for his height, working for an exam., rises at 6.45 and has breakfast, walks to the station, half an hour in the train, walks the best part of a mile to school, three and a half hours at lessons, a sandwich dinner, a run in the playfield or a short game, school 1.45 to 4.0, walk to station, half hour in train, walks from station, high tea, does any little jobs that his father has for him, or that he has time for, home lessons (supposed to be two hours, but often three), and to bed at 10.0 to 10.30. This occurs four days a week. On Wednesdays and Saturdays he is expected to play strenuous football or cricket in the afternoon. At week-ends he has homework, and in the vacation, a holiday task.

" Many ill-nourished children were found to be having too little sleep. In the country it is the custom for the whole family to retire together at about 9 o'clock, while in towns, 50 per cent. of all children go to bed one, two or three hours later than they should.

" Many children classed as nervous, irritable, unstable, slightly choreic, are suffering only from insufficient rest and over-fatigue.

" Another way in which over-fatigue operates is by destroying the breakfast appetite. I find that, nearly always (where there is no physical explanation) a child who eats little or no breakfast goes to bed too late or too tired. The condition of his sleeping room as regards closed windows is also a contributing factor to the lack of appetite at breakfast.

" In parenthesis, daylight-saving appears to rob most children in towns of an hour's rest. They go to bed at the usual sun time, and rise at the usual clock time. Even where the parents are sufficiently wise to send them to bed at the proper hour, they are disturbed by other playing children, and have never been taught to rest when not sleeping.

" The loss, or partial loss, of appetite for breakfast leads to the formation of a bad food habit, that of unequal meals.

" The following are the commonest feeding faults :—

1. Too short a time spent in eating.
2. Washing down food with fluids.
3. Irregular and unequal meals.
4. Over use of tea.
5. Absence of cereals and milk.

" Nos. 1, 2 and 3 are very common among school children. This can be seen even in the canteens, where some control is exercised, but particularly so in the children who bring their dinner to school. In many homes the children never sit down to a meal ; they eat them *al fresco,* a " piece " on the doorstep or while playing in the court. Even in the better homes food is consumed too quickly, while in many good class working homes the meals are irregular, being governed by the exigencies of the household, occupation of the father, whether he is on days or nights, washing-day, etc.

" No. 4. The abuse of tea is almost universal. It is rare to find a child who has not had it for breakfast, and it is drunk freely and frequently by children in mismanaged houses. Its use seems to be responsible for many failures to gain weight.

" No. 5. Porridge is a rarity. Either the child does not like it, or it is too much trouble to prepare. Very often, I surmise, the child does not like it because it has not been properly prepared.

" Milk is expensive, and not always easy to procure. It appears that a cheap and efficient distribution of milk is the goal to aim at, if the general nutrition of children is to be improved. It contains all the necessary vitamines, and yet it is no exaggeration to say that there are many ill-nourished, underweight children who rarely taste it. In all cases of malnutrition of better class children I recommend the mother to send the child to school with a 10 oz. bottle of milk (in a little quilted padded bag to avoid accident) which the child consumes at playtime. I find the teachers quite ready to co-operate. This is the more important because breakfast is always the poorest meal of these children.

" There are also cases where too much food is given. The spoiled child who has anything he wants is well known to every medical inspector. He is a nervous irritable weed, leaning against the table in a posture of fatigue. He is often absent owing to morning headache, and his mother says she cannot get him to eat, although she has tried him with everything. Too often the mother is as spoiled as the child.

" The following are comparative tables in three schools. It was impossible, either to weigh and measure every child or apparently ill-nourished child, or to take the height and weight which is entered on the medical card, at the routine examination, in order to get tables for the whole district. I therefore selected three schools, all in urban areas.

" No. 1 is a school in Ashford, which draws its scholars from the worst part of that town.

" No. 2 is in the same town and has the pick of the working-class children. Up to recent years it was a fee-paying school, and the superiority of its pupils is at once apparent. The dirty, neglected child is just as rare in this school as the clean, well-kept child is in No. 1.

" No. 3 is Hythe School, in a seaside town with considerable working-class and soldier population, taking its children from all classes. It has a well-appointed and efficient canteen.

" The figures are based on too limited an area to be as useful as they might be if applying to country and to secondary schools also.

		7% under weight.	10% under weight or more.
1	Infants ..	9.0%	28.0%
	Girls ..	8.7%	22.6%
	Boys ..	12.2%	14.0%
2	Infants ..	11.4%	7.0%
	Girls ..	18.9%	7.8%
	Boys ..	15.6%	11.9%
3	Infants ..	11.8%	15.2%
	Girls ..	20.7%	9.6%
	Boys ..	8.7%	8.2%

" These figures are based on the weight-for-height tables of Boas Burk. The weight-for-age tables appear to be less useful. There are many children who would show a serious deficiency in weight for age, who are perfectly well nourished, and, weight for height, are quite, or nearly, up to standard. The converse is true also.

" 10 per cent. under-weight children I find usually appreciable to the eye if undressed. Every child returned as " ii." in Nutrition column is 10 per cent. under weight. The malnutrition of 7 per cent. under-weight children is not so obvious. They are the border-line cases.

" As may be expected, there is at once noticed a big difference between the figures of No. 1 and those of Nos. 2 and 3, and particularly so in respect of the worse cases.

" The percentage of 10 per cent. cases in infants and boys is much greater in No. 1 than in Nos. 2 and 3. In the border-line cases the difference is not so great.

" In the infants' departments the percentage of severe cases in No. 1 is nearly twice that of No. 3, but taking all cases of 7 per cent. or over, there is a difference of only 10 per cent.

" In the girls' departments the ratio of bad to slight cases in the socially superior (No. 3) school is 9.6 to 20, in the inferior one it is 22 to 8.

" It will be noticed that the boys' figures are much lower than the girls.' While not offering it as a complete explanation, I certainly think that a factor in the production of this result is as follows : Boys spend much more time in the open air, and before the age of thirteen do much less work outside school than girls who nurse babies, scrub floors and work, in some cases, very hard on Saturdays, while the boys are recreating.

" Thus, while the poor school has easily the largest percentage of mal-nourished children, there are far too many children in the better-class and medium class schools, who are not sufficiently heavy for their height.

" The latter is also the case in secondary schools, of which however I am unable at present to give figures.

" A large number of cases of malnutrition can be cured only by an improvement in the child's economic condition, or the remedy of certain obvious physical defects, canteen meals and home surveillance, or the provision of milk, on the one hand, and pressure to undergo treatment, on the other.

" There are large numbers, however, where these are not the causative factors. Education of the child and of the mother would, in the latter, cure, while in the former it would only improve the condition.

" Ordinary hygienic lessons are given in most schools, and are good as far as they go, but they lead nowhere. Both the child and mother should be given ocular and indisputable evidence, that proper food, fresh air, good habits, and the remedy of defects, do, in fact, increase weight and strength.

" I find that many mothers are surprised when confronted with their ill-nourished child's daily programme ; hours of rest and of sleep, amount of food at meals, and time taken to eat it, the distance walked to and from school, the school programme, the play programme, the amount of work done at home in assisting parent, and the outside activities of boy scout, wolf cub, church choir, etc. In cases where over-fatigue and bad food habits are the sole causes, nothing but education will do any good. Whatever the economic condition of the child is or becomes, these factors are unaltered. They exist through ignorance and carelessness, and pressure to extra work is often exercised with the best motives.

" Some extension or continuation of the Infant Welfare system appears to be a good method of counteracting malnutrition in children of school age. These latter are weighed three times in their school life. This, however useful for statistical purposes, cannot indicate the growth or nutrition of the child. I saw, the other day, a boy who had not gained a single ounce between his examination at the age of five and that at the age of eight, and the failure to grow had passed unnoted. If children who are under weight could be weighed frequently, and instruction could be given to them, and their mothers, in the principles of growth, with competitive encouragement to adopt that plan of life which leads to the best results, much good might ensue. With the better class of mother, at any rate, the hard fact of increased ratio of weight to height, on carrying out instructions, would be sufficiently convincing to lead her to persevere, and I should be hopeful that some of the less enlightened women would be led to emulate their example.

" The increase in weight following removal of a gross defect would also be apparent and this should result in the counteracting of prejudice and fear of the operation. Other erroneous prejudices could be tackled in the same way.

" The diagnosis of malnutrition by the medical inspector in routine cases is necessarily rough and ready, and the treatment is almost nil. One does not see or hear of the child for six months, and in towns one can only try to suspect tubercle in the very under-weight child, in order to ensure an addition to his vitamines in the shape of cod liver oil.

" It would be an interesting experiment to select a number of cases of well-marked malnutrition, of which the cause is neither physical defects nor poverty, and to endeavour to enlist the interest of the mothers, and through them that of their fellows, in an attempt to increase weight, by the adoption of correct habits of work and food."

The Neuropathic Child.

Dr. W. Lessey has stated as follows :—

" The object of the present inquiry was to gain some information concerning the proportion of neuropathic children of school age, and to make an attempt to ascertain some causes or associating factors.

" The children whose names were recorded on the exceptional case lists have not been included in this inquiry, but the dull or backward children whose names were not recorded have been brought into the scope of these figures.

" At first an attempt was made to estimate the proportion with a hereditary basis, but this was found to be impracticable because no reliable information could be obtained without interviewing each child's parents. The inquiry was conducted at three secondary schools and twelve elementary schools.

" The condition of many of the children presented by the various head teachers was considered by me to be within the physiological compass, and only those children with signs and symptoms regarded as pathological, have been included in the summary.

" The following table sets out certain particulars :—

Neuropathic Children.—Elementary Schools.

School.	No. on School Roll.		No. presented by Head Teacher.	Age 5–8.		Age 8–14.	
				Marked.	Slight.	Marked.	Slight.
1	Boys	314	9	—	—	3	6
	Girls		5	—	—	1	4
2	Boys	117	6	2	4	—	—
	Girls		2	1	1	—	—
3	Boys	416	10	—	1	4	5
	Girls		8	—	1	2	5
4	Boys	350	14	—	—	3	11
5	Girls	218	15	—	—	2	13
6	Boys	307	20	—	—	4	16
7	Boys	183	7	—	—	2	5
8	Boys	208	6	—	2	2	2
	Girls		5	—	1	1	3
9	Boys	212	5	—	3	1	1
	Girls		4	—	1	1	2
10	Boys	409	14	—	2	3	9
	Girls		9	—	1	2	6
11	Boys	498	18	—	—	7	11
12	Girls	264	14	3	5	1	5

Secondary Schools.

School.	No. on School Roll.		No. presented by Head Teacher.	Age 5–8.		Age 8–14.	
				Marked.	Slight.	Marked.	Slight.
1	Boys	150	7	—	—	4	3
2	Boys	180	8	—	—	3	5
3	Boys	240	10	—	—	5	5

" *Observations.* The proportion and variation in degree, age and sex are brought out in the figures—the numbers increase with age and the severe degrees, such as marked stammering, are met with in the secondary schools. Certain apparent causes and associated factors were noticed and these may be classed under various heads.

" (*a*) Vermin. Of the 196 cases recorded, twenty-seven were badly flea-bitten ; it was estimated that each of these children was losing several pints of blood per annum. They were all anæmic and the irritation of the saliva from the flea affects the nervous system, causing irritability, restlessness, loss of sleep, tiredness, etc. Most of the children also had dirty heads and impetigo, which latter developed in the excoriations after scratching.

" (*b*) Biting nails. Of the 196 cases, forty-three were given to the habit of biting their nails, and these children were irritable, emotional, sensitive, quarrelsome and displayed temper. Nail-biting appears to be due to an irritability of the nervous system and a great cause of this was found in intestinal parasites. Worms interfere with sleep and cause nightmares, and the consequent restlessness in bed leads the children to scratch their ani, and collect the eggs under their nails. During the day their irritability forces them to bite their nails and introduce the eggs into their mouths. If the eggs gain access to the alimentary tract they probably hatch out, and so complete the vicious circle.

" (*c*) Poisons. Under this heading are included: dental caries (21), ear discharge (17), enlarged tonsils and adenoids (14), recent infectious fevers (13) (especially diphtheria, 5), influenza (5)).

" (*d*) Endocrine gland instability, especially of the thyroid gland (13).

" (*e*) Hereditary—those associated with squint (10), albinism (2), and probably endocrine gland conditions.

" (*f*) Other factors. Rickets in childhood, alcoholic parents, insanity in the family, bad home conditions due to shiftless and lazy parents, mental strain from over-working at school and out of school, war conditions such as air-raids, diet unsuitable and insufficient diet.

" The outlook for the great majority of these children is good, because the conditions affect the environment of the individual or zygote, and can therefore, be influenced by appropriate treatment.

" There is less prospect of influencing those conditions which are classed as hereditary, because the nervous conditions of these probably have their origin in some unit characters of the two gametes, who have taken up their inseparable abode in the zygote or individual, and the characters of the gametes are not known to be influenced by extrinsic circumstances.

Deafness and Ear Discharge.

Dr. S. Tucker has stated as follows :—

" During the past year some time has been spent in investigating the frequency of occurrence, causes, effects, etc., of the above complaints in children attending the elementary schools in this area (S.W. Kent).

" More special attention has been paid to the cases of ear discharge (though naturally the presence of the one usually means that of the other), as it appeared to me that treatment in cases of chronic ear discharge, owing no doubt largely to inability or slackness in carrying it out, was generally speaking unsatisfactory.

" It would seem quite a common occurrence for a child to enter and leave school with a discharge from one or both ears, this, despite the fact that he or she may have attended a hospital, clinic, or private doctor on and off, during that period. The after-history of such an individual can well be imagined, with the progressive loss of hearing, lowering of health, vitality and wage-earning capacity, not to speak of the possibility of an acute bony inflammation with the more remote sequelæ of brain abscess or meningitis.

"Actually, one was glad to find, that in this district the number of children affected, as far as my census goes, falls below the generally accepted 1 per cent. or thereabouts. This may, however, be explained by the fact that the area is almost entirely rural, and it is a well-known fact that these defects are far more common in a densely populated town or city area.

"In this district the elementary school population is approximately 13,000. The list of children made who were attending school during the year and who were suffering from ear discharge, deafness, or a combination of both defects, numbers seventy-five.

"I do not pretend that the list is complete, but inquiries for this type of child have been made at practically every school in the district, and, allowing for absentees, children overlooked and those in institutions, I think 100 cases of deafness and ear discharge would be a generous estimate out of the 13,000 school population.

"Of the list of seventy-five cases,

51 have had or still have ear discharge,

24 gave no history of ever having ear discharge (deaf only).

Taking the fifty-one ear discharging cases first ;

Thirty-seven still have discharge and in fourteen the discharge is said to have ceased. Of these thirty-seven cases who still have discharge, twenty-five of the more typical were selected for special consideration.

"Below are the findings :—

Sex. Thirteen boys and twelve girls.

Age. Varies from seven to fourteen.

Site. Fourteen were said to have or have had discharge from both ears ; eleven from one ear only.

Character of Discharge. Profuse and offensive in eight cases.

Degree of Deafness. Very deaf, i.e., less than W/5 approx. in one or both ears, 9. Moderately deaf, i.e., W/10 or less in one or both ears, 4. Slightly deaf, i.e., up to W/10 approx. in one or both ears, 11.

Onset of Discharge. Very difficult to obtain accurate date of onset. "Infancy" seems to cover most of the above cases. One boy aged seven gave a two years' history. It may however, be taken for granted that pre-school period (1-5 years) is *the* period of onset in the majority of cases.

Direct Cause. In the above series, infectious disease as a direct cause was not in evidence. One case definitely followed influenza. Another case was said to follow an "illness" (? influenza). One had had diphtheria and eight had had measles, but the discharge was not definitely stated to have followed these maladies. Four cases were considered to be tuberculous, or rather occurred in children with a tubercular diathesis.

Treatment Received. Six of the twenty-five cases gave a history of having had tonsil and adenoid operations. Three had had mastoid operations. Six have still tonsils or adenoids, and one of these latter has already had such an operation. One girl has aural polypi, and is treated regularly at hospital. In only one case have I noted the fact of " no treatment."

Mental Ability. Seventeen were feeble-minded, dull or retarded; eight were said to be average or bright.

Pain. Ear-ache not a marked symptom in this series of cases.

Of the remaining twenty-six otorrhœa cases :—

(1) Fourteen were said to be now free from discharge.

(2) Twelve were said to still have discharge, continued or intermittent.

Of (1) five had tonsils and adenoids removed. Three had had mastoid operations.

Of (2) three had had operations for tonsils and adenoids. One a double mastoid, and I believe an adenoid operation.

" Nearly all the other cases in (1) and (2) had had treatment of some kind or another at one time or another. Deafness of some degree was present in practically all the cases of this series.

" Intermittent discharge from the ears was quite a feature of these cases. Some of the above children are free for periods of varying length and then the discharge starts afresh, often brought on by a cold. This adds to the difficulty of persuading the parents to continue treatment.

" Of the twenty-four cases in which no history of discharge was obtained, two had had and five needed tonsils and adenoids operation, four were very deaf, nine moderately deaf, and eleven slightly so. Three of these cases were thought to be suffering from ' nerve ' deafness.

" Included in my list are seven cases in which a mastoid operation has been performed. In four of these, discharge still persists or rather in one of the four the opposite ear has commenced to discharge.

" The periods since operation in the seven cases varies from twelve months to several years.

" Three cases were reported free from discharge and in two of these cases some degree of hearing still *appears to persist in the affected ear.*

" One can leave the foregoing figures to speak for themselves, and though there is really nothing new to be learnt from the above analysis of selected cases, the following points may be stressed with advantage :—

" 1. Early onset, suggesting better methods for supervising the 1-5 age period. I have now several cases of ear discharge attending the Tonbridge Baby Welfare Centre. One case in particular is of interest, viz., mother with two children (approx. ages one and three) all with ear discharge. The mother's is a case of long duration. I suggest here the remote possibility of direct infection.

" 2. The importance (well-known, I admit) of dealing at once with throat conditions (enlarged tonsils and adenoids) even when those conditions are not very marked, in young children who exhibit the slightest symptom of deafness or sign of ear discharge.

" 3. The treatment of every child with chronic nose discharge. This I believe to be of great importance, but of the utmost difficulty to deal with in young children. It can be only done by educational instruction to mothers at welfare centres, where the value of the use of a handkerchief and a proper method of breathing could be instilled into the parent. It is a large order, but I should like to see what an ordinary cold vaccine would accomplish in some of the many infants one sees with perpetual running of the nose, who are tolerably certain to develop adenoid symptoms at a later date.

" 4. *Local Treatment.* Excluding operative proceedings, local treatment, i.e., syringing with antiseptics, swabbing out the ear and dropping in various preparations, etc., etc., seems in a majority of cases to meet with little success. This is easily to be understood : (1) from the difficulty there is in getting at the seat of the trouble ; (2) because to be successful the patient must undergo prolonged treatment, and the parent often wearies of taking the child to a hospital or clinic, and, in many cases, cannot afford it.

" I consider that all chronic cases of discharging ears should be admitted to a hospital or some recognised treatment centre, and be treated locally by competent persons over a prolonged period. Operative measures to follow failure of local. Under present conditions, I realise the impracticability of this suggestion, but it is the ideal method. I am presupposing that any throat condition has already been dealt with.

" *Treatment.* Recently, a tolerably new treatment seems to have been adopted with a considerable amount of success. I refer to Ionization with Zinc. Ions. This is a method which is well worth considering and from the reports it seems to be both speedy and efficient. From what I can gather, it is however, not to be undertaken lightly by those inexperienced in this type of work, and for satisfactory results the initial outlay entails some considerable expense. I would like to suggest that, in view of the number of cases of ear discharge in the county, enquiries be made as to the possibility of adopting this means of treatment. Ear discharge with its attendant deafness is a distressing, unpleasant and crippling complaint. The child not only loses half the value of its education, but is handicapped throughout life, not to speak of the risks to health it runs. Any means which can be said to afford a certain cure in a large proportion of the cases treated, should be worth a trial, regardless of initial expense.

" In conclusion I would like to point out the importance of fresh air, good food and a clean and healthy mode of living for the cases under notice. Quite a large percentage of these children come from poor homes and some are a distinctly tubercular type. An open-air school, where treatment could be given, would indeed be a godsend for such children."

Rickets in School Children.

Dr. J. Selfe has stated as follows :—

" During the last twelve months I have noted signs of rickets in thirty-five children. In order to systematise the notes, I have taken certain headings as follows :—

" *Sex.* A great preponderance of males over females was noted : 84 per cent. males and 17 per cent. females. It is usual to find a larger proportion of males affected. Dr. Gee gives 365 boys to 270 girls.

" *Age of children affected.* The majority were of the 'entrant' class, as might be anticipated. Signs of rickets disappear rapidly as a rule.

" *Environment and feeding of affected children.* This was a difficult matter to ascertain. Environment was good in three cases, bad in only one case, and fair to poor in the majority of cases. Environment is probably not a matter of great importance in the causation of rickets. Where ascertained, farinaceous food appears to have been given before the age of twelve months.

" *Marked or slight evidence of rickets.* 70 per cent showed slight and 30 per cent. marked evidence.

" *Stunting of growth.* 30 per cent. showed some stunting of growth. This is usual in rickets.

" *Anæmia.* Anæmia was present in 6 per cent. of the cases. This condition is not uncommon in rickets, and sometimes reaches a very profound degree.

" *Shape of head.* The majority (60 per cent.) showed the square box-shaped cranium, flattened in the temporal region and with overhanging forehead.

" *Shape of chest.* 70 per cent. showed some departure from the normal in the shape of the chest. The chest groove was commonly noted, and also some cases of pigeon-breast. The latter condition, however, is not usually a resultant effect of rickets, but develops gradually as the result of frequently repeated attacks of bronchitis with collapse, etc.

" *Shape of Abdomen.* 20 per cent. showed some alteration in abdominal contour, generally in the direction of abdominal protuberance. Enlargement of the spleen was not noted in any cases.

“ *Alteration in shape of limbs.* Knock-knee and flat-feet was noted in 10 per cent. of the cases, evidence of ligament and muscle weakness.

“ *Curvature of spine.* Noticed in 6 per cent. of cases examined. In most cases it takes the form of kyphosis, but lateral curvature has also been observed.

“ *Dental caries.* Decay of teeth was noted in 60 per cent. of the cases. There is reason to believe that the cause of rickets in infancy interferes seriously with the development of the teeth, and render them particularly prone to caries.

“ *Enlarged tonsils and adenoids.* Noted in 60 per cent. of the cases. There seems to be some association between enlarged tonsils and adenoids and the ricketty state.

“ *Enlarged glands.* Noted in 30 per cent. of cases examined. Owing to their abnormal tendency to catarrh of the mucous membrane, ricketty children often show slight enlargement of the lymphatic glands, but this is probably not caused by the rickets directly.

“ *Nervousness.* This was noted in 20 per cent. of the cases. The nervous system is rendered unduly excitable by rickets.

“ *Cataract.* One case was noticed.

“ Summary of ricketty manifestations in order of prevalence in the thirty-five children :—

1.	Alteration in shape of chest	70%
2.	Alteration in shape of head	60%
3.	Dental caries	60%
4.	Enlarged tonsils and adenoids..	60%
5.	Stunting of growth	30%
6.	Enlarged glands	30%
7.	Abdominal protuberances	20%
8.	Nervousness	20%
9.	Alteration in shape of limbs	10%
10.	Anæmia	6%
11.	Curvature of Spine	6%
12.	Cataract	3%

“ *Causation of Rickets.* This is a vexed question, but all the present evidence points to the fact that rickets is a disease of nutrition, and that deficiency of fat-soluble vitamines in diet is an essential cause of the disease.

23.—MISCELLANEOUS.

Examination of Assistant Masters, Mistresses and Scholarship Candidates. During 1923 it was possible to arrange for most of the scholarship candidates to be examined during the routine inspections, and the numbers are included in Table 12. In addition fifty-three examinations were made of Assistant Masters, Assistant Mistresses and Higher Exhibitioners.

Surgical Instruments. The undermentioned child was supplied with a surgical appliance.

Case.		*Appliance.*		*Cost.*
R.S.	..	Peg-leg	..	£9

Prosecutions. Fifteen parents were prosecuted during the year under the attendance by-laws in connection with children excluded from school on account of verminous conditions, and nine cases were referred to the district medical officer of health on account of verminous conditions, etc. It was also found necessary to report twenty-six parents to the N.S.P.C.C.

Table 7 (*Board of Education Table I.*)
Return of Medical Inspections.

ELEMENTARY SCHOOLS.

A.—Routine Medical Inspections.

NUMBER OF CODE GROUP INSPECTIONS.

Entrants	7493
Intermediates	7202
Leavers	8010
Total	22705
Number of other Routine Inspections	Nil.

B.—Other Inspections.

Number of Special Inspections	1362
Number of Re-inspections	11188
Total	12550

Table 8 (*Board of Education Table II.*)

ELEMENTARY SCHOOLS.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1923.

Defect or Disease.		Routine Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
(1)		(2)	(3)	(4)	(5)
Malnutrition		140	121	13	19
Uncleanliness		292	30	26	5
Skin	Ringworm :				
	Scalp	5	2	8	3
	Body	8	—	8	—
	Scabies	16	—	7	—
	Impetigo	43	2	27	2
	Other Diseases (non-Tuberculous)	56	15	5	6
Eye	Blepharitis	114	14	30	2
	Conjunctivitis	17	2	5	—
	Keratitis	1	—	—	1
	Corneal Ulcer	7	1	4	—
	Corneal Opacities	1	4	—	2
	Defective Vision	887	254	216	60
	Squint	167	23	30	3
	Other Conditions	34	11	5	1
Ear	Defective Hearing	108	52	41	16
	Otitis Media	43	18	25	3
	Other Ear Diseases	42	17	13	5
Nose and Throat	Enlarged Tonsils only	435	450	47	37
	Adenoids only	159	106	55	32
	Enlarged Tonsils and Adenoids	233	87	50	26
	Other Conditions	37	18	5	2
Enlarged Cervical Glands (Non-Tuberculous)		105	220	14	22
Defective Speech		5	3	1	2
Teeth—Dental Diseases		2142	50	108	3
Heart and Circulation	Heart Disease :				
	Organic	13	56	1	11
	Functional	19	115	3	16
	Anæmia	212	68	20	7
Lungs	Bronchitis	135	120	3	11
	Other Non-Tuberculous Diseases	24	86	2	16
Tuberculosis	Pulmonary :				
	Definite	7	1	3	1
	Suspected	54	46	17	7
	Non-pulmonary :				
	Glands	14	9	6	4
	Spine	—	2	—	1
	Hip	1	2	—	—
	Other Bones and Joints	1	1	—	1
	Skin	—	—	—	—
	Other Forms	—	4	1	1
Nervous System	Epilepsy	4	7	3	8
	Chorea	8	14	4	4
	Other Conditions	14	27	3	6
Deformities	Rickets	8	4	1	—
	Spinal Curvature	23	16	7	4
	Other Forms	59	31	9	7
Other Defects and Diseases		199	194	58	37
	TOTALS	5892	2303	884	394

B. Number of individual Children found at Routine Medical Inspections to require Treatment (excluding Uncleanliness).

Group. (1)	Number of Children.		Pecentage of Children found to require Treatment. (4)
	Inspected (2)	Found to require Treatment. (3)	
Code Groups :			
Entrants	7493	1485	19.9
Intermediates	7202	1660	23.1
Leavers	8010	1573	19.7
Total (Code Groups)	22705	4718	20.8
Other Routine Inspections	—	—	—

Table 9 (*Board of Education Table III.*)

ELEMENTARY SCHOOLS.

Numerical Return of all Exceptional Children in the Area in 1923.

			Boys.	Girls.	Total.
Blind (including partially blind), within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.		Attending Public Elementary Schools	7 (3)	5 (1)	12 (4)
		Attending Certified Schools for the Blind	9	10	19
		Not at School	4	5	9
Myopes.		Attending Public Elementary Schools	1 (3)	4 (4)	5 (7)
		Attending Certified Schools for the Blind	—	2	2
Deaf and Dumb (including partially deaf), within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.		Attending Public Elementary Schools	5 (7)	8 (7)	13 (14)
		Attending Certified Schools for the Deaf	31	31	62
		Not at School..	2	3	5
Mentally Defective.	Feeble-Minded.	Attending Public Elementary Schools	119 (6)	89 (7)	208 (13)
		Attending Certified Schools for Mentally Defective Children	23	15	38
		Notified to the Local Control Authority by Local Education Authority during the year	—	4	4
		Not at School	25	23	48
	Imbeciles.	At School	1	3	4
		Not at School	80	70	150
	Idiots	.. ..	10	4	14
Epileptics.		Attending Public Elementary Schools	10 (37)	9 (30)	19 (67)
		Attending Certified Schools for Epileptics	6	5	11
		In Institutions other than Certified Schools	—	—	—
		Not at School	3	2	5

			Boys.	Girls.	Total.
Physically Defective.	Pulmonary Tuberculosis.	Attending Public Elementary Schools	190	184	374†
		Attending Certified Schools for Physically Defective Children ..	—	—	—
		In Institutions other than Certified Schools	4	6	10
		Not at School	—	1	1
	Crippling due to Tuberculosis.	Attending Public Elementary Schools	29	24	53
		Attending Certified Schools for Physically Defective Children ..	—	—	—
		In Institutions other than Certified Schools	5	13	18
		Not at School	—	—	—
	Crippling due to causes other than Tuberculosis, i.e., Paralysis, Rickets, Traumatism.	Attending Public Elementary Schools	28	27	55
			(110)	(85)	(195)
		Attending Certified Schools for Physically Defective Children	19	8	27
		In Institutions other than Certified Schools	—	—	—
		Not at School	8	1	9
	Other Physical Defectives, e.g., delicate and other children suitable for admission to Open-Air Schools ; Children suffering from severe heart disease.	Attending Public Elementary Schools	12	18	30
			(115)	(113)	(228)
		Attending Open-air Schools	2	2	4
		Attending Certified Schools for Physically Defective Children, other than Open-Air Schools ..	—	—	—
		Not at School	3	2	5
*Dull or Backward.		Retarded 2 years	560	381	941
		Retarded 3 years	336	237	573

Notes.—(1) The figures in brackets refer to cases not scheduled, but under observation, and awaiting further medical examination.

(2) † Includes cases of infectious pulmonary tuberculosis, excluded from school for various periods, but not permanently excluded.

(3) * Judged according to age and standard. No case retarded more than three years is included in this category unless it has been decided after examination by the Medical Officer that the child is not mentally defective.

Table 10 (*Board of Education Table IV.*)

ELEMENTARY SCHOOLS.

Return of Defects treated during the period July 1*st*, 1922, *to June* 30*th*, 1923.

GROUP 1.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS).

Disease or Defect. (1)	Number of Defects treated, or under Treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin—			
Ringworm—Scalp	249	10	259
Ringworm—Body	180	5	185
Scabies	82	9	91
Impetigo	658	10	668
Other Skin Diseases	149	14	163
Minor Eye Defects— (external and other, but excluding cases falling in Group II.)	156	23	179
Minor Ear Defects	77	26	103
Miscellaneous (e.g. Minor injuries)	43	—	43
Total	1594	97	1691

GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS—GROUP I.)

Defect or Disease. (1)	Number of Defects dealt with.			
	Under the Authority's Scheme. (2)	Submitted to refraction by private Practitioner, or at Hospital, apart from the Authority's Scheme. (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint)	1385	115	54	1554
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ..	10	1	—	11
Total	1395	116	54	1565

Total number of children for whom spectacles were prescribed :

(*a*) Under the Authority's Scheme	978
(*b*) Otherwise	156

Total number of children who obtained or received spectacles :

(*a*) Under the Authority's Scheme	928
(*b*) Otherwise	144

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment. (4)	Total Number Treated. (5)
Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)	Total. (3)		
480	192	672	130	802

GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were :

(*a*) Inspected by the Dentist :

	Aged,			
Routine Age Groups	5	..	1655	Total 7870
	6	..	2146	
	7	..	1928	
	8	..	930	
	9	..	619	
	10	..	162	
	11	..	115	
	12	..	119	
	13	..	151	
	14	..	45	
		Specials	..	133
		Grand Total	..	8003

(*b*) Found to require treatment	..	5170
(*c*) Actually treated	..	2999
(*d*) Re-inspected	..	2810
(*e*) Re-treated during the year as the result of periodic examination	..	854

(2) Half-days devoted to	Inspection	..	138	Total, 821.
	Treatment	..	683	

(3) Attendances made by children for treatment, 4561.

(4) Fillings	..	Permanent teeth,	2114	Total, 3063
		Temporary teeth,	949	
(5) Extractions	..	Permanent teeth,	897	Total, 8798
		Temporary teeth,	7901	

(6) Administration of general anæsthetics for extractions, 1.

(7) Other Operations	..	Permanent teeth,	957	Total, 2916.
		Temporary teeth,	1959	

Table 11.

(*Board of Education. Table 4f.*)

ELEMENTARY SCHOOLS.

Treatment of Defects.

	No. Treated or Under Treatment.
Measles	3
Scarlet Fever	3
Diphtheria	2
Whooping Cough	11
Chicken Pox	30
Mumps	17
Malnutrition	205
Keratitis	2
Corneal Ulcer	9
Corneal Opacities	3
Other Eye Conditions	26
Defective Hearing	153
Otitis Media	28
Other Ear Defects	18
Nose and Throat (other conditions)	87
Enlarged Cervical Glands	78
Defective Speech	4
Heart—	
Organic	9
Functional	16
Anæmia	186
Debility	37
Lungs—	
Bronchitis	43
Other	32
Tuberculosis, Pulmonary—	
Definite	22
Suspected	55
Tuberculosis, Non-Pulmonary—	
Glands	29
Spine	1
Hip	4
Other Bones and Joints	3
Other	5
Nervous System—	
Epilepsy	6
Chorea	21
Other	23
Deformities—	
Rickets	9
Spinal Curvature	21
Other Forms	57
Phimosis	16
Other Defects and Diseases	355
Totals	1,629

Table 12 (*Board of Education Table* 1).

MAINTAINED, AIDED AND PRIVATE SCHOOLS.

Number of Children Inspected 1*st January,* 1923, *to* 31*st December,* 1923.

A. ROUTINE MEDICAL INSPECTION.

Age.	5	6	7	8	9	10	11	12
Boys	2	4	6	18	52	294	190	527
Girls	7	8	27	53	56	268	282	673
Totals	9	12	33	71	108	562	472	1200

Age.	13	14	15	16	17	18	19	Totals.
Boys	298	230	599	258	29	1	1	2509
Girls	124	110	373	90	52	9	—	2132
Totals	422	340	972	348	81	10	1	4641

B. SPECIAL INSPECTIONS.

	Special Cases.	Re-examinations (*i.e.*, No. of Children Re-examined.
Boys	46	1078
Girls	276	2329
Totals	322	3407

Table 13 (*Board of Education Table II.*)

MAINTAINED, AIDED, AND PRIVATE SCHOOLS.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1923.

Defect or Diseases. (1)		Routine Inspections. No. of Defects. Requiring treatment. (2)	Routine Inspections. No. of Defects. Requiring to be kept under observation, but not requiring treatment. (3)	Special Inspections. No. of Defects. Requiring treatment. (4)	Special Inspections. No. of Defects. Requiring to be kept under observation, but not requiring treatment. (5)
Malnutrition		46	63	3	2
Uncleanliness :					
	Head	14	1	2	—
	Body	2	—	—	—
Skin	Ringworm :				
	Scalp	—	—	—	—
	Body	4	—	—	—
	Scabies	2	—	—	—
	Impetigo	3	—	1	—
	Other Diseases (Non-Tuberculous)	11	4	2	—
Eye	Blepharitis	14	—	—	—
	Conjunctivitis	1	—	1	—
	Keratitis	—	—	—	—
	Corneal Opacities	—	—	—	—
	Defective Vision	325	73	39	6
	Squint	2	3	—	—
	Other Conditions	7	—	3	—
Ear	Defective Hearing	17	2	3	1
	Otitis Media	2	—	—	1
	Other Ear Diseases	7	3	—	—
Nose and Throat	Enlarged Tonsils only	57	94	2	1
	Adenoids only	11	13	6	—
	Enlarged Tonsils and Adenoids	7	5	3	—
	Other Conditions	116	21	1	2
Enlarged Cervical Glands (Non-Tuberculous)		16	52	—	4
Defective Speech		2	1	—	—
Teeth—Dental Diseases		816	36	19	—
Heart and Circulation	Heart Disease :				
	Organic	3	7	1	2
	Functional	7	50	—	6
	Anæmia	80	29	6	—
Lungs	Bronchitis	2	4	—	—
	Other Non-Tuberculous Diseases	13	11	—	—
Tuberculosis	Pulmonary :				
	Definite	—	—	—	—
	Suspected	2	—	—	—
	Non-pulmonary :				
	Glands	1	—	—	—
	Spine	—	—	—	—
	Hip	—	—	—	—
	Other Bones and Joints	—	—	—	—
	Skin	—	—	—	—
	Other Forms	—	—	—	—
Nervous System	Epilepsy	1	1	1	4
	Chorea	2	4	—	—
	Other Conditions	5	7	—	—
Deformities	Rickets	2	—	—	—
	Spinal Curvature	261	225	46	5
	Other Forms	97	58	12	2
Other Defects and Diseases		85	61	25	10

B.—Number of Individual Children found at Routine Medical Inspections to require Treatment (excluding Uncleanliness.)

Group. (1)	Number of Children.		Percentage of Children found to require Treatment. (4)
	Inspected. (2)	Found to require Treatment. (3)	
Code Groups :			
Entrants	795	252	31.7
Intermediates	1200	381	31.8
Leavers	1412	372	26.4
Total (Code Groups)	3407	1005	29.5
Other Routine Inspections	1234	389	31.6

Table 14 (*Board of Education Table IV.*)

MAINTAINED, AIDED AND PRIVATE SCHOOLS.

Return of Defects treated during the period July 1*st*, 1922, *to June* 30*th*, 1923.

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS).

Disease or Defect. (1)	Number of Defects treated, or under Treatment during the Year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin—			
Ringworm—Scalp	—	—	—
Ringworm—Body	—	1	1
Scabies	—	2	2
Impetigo	—	6	6
Other Skin Diseases	—	3	3
Minor Eye Defects	—	1	1
(External and other, but excluding cases falling in Group II.).			
Minor Ear Defects	1	2	3
Miscellaneous	—	—	—
(e.g., minor injuries, bruises, sores, chilblains, etc.)			
Total	1	15	16

GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS—GROUP I.)

Defect or Disease. (1)	Number of Defects dealt with.			
	Under the Authority's Scheme. (2)	Submitted to refraction by private practitioner, or at Hospital, apart from the Authority's Scheme. (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint)	20	269	55	344
Other Disease or Defect of the eyes (excluding those recorded in Group I.).	—	—	—	—
Total	20	269	55	344

Total number of children for whom spectacles were prescribed :	
(*a*) Under the Authority's Scheme	12
(*b*) Otherwise	284
Total number of children who obtained or received glasses :	
(*a*) Under the Authority's Scheme	12
(*b*) Otherwise	283

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment. (4)	Total number treated. (5)
Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner, or Hospital, apart from the Authority's Scheme. (2)	Total. (3)		
3	32	35	22	57

Table 15.

(*Board of Education. Table 4f.*)

MAINTAINED, AIDED AND PRIVATE SCHOOLS.

Treatment of Defects.

	Cases Treated or Under Treatment.
Chicken Pox	1
Malnutrition	20
Skin Diseases—	
Ringworm, Body	1
Impetigo	7
Scabies	2
Other Skin Diseases	16
Eyes—	
Blepharitis	14
Conjunctivitis	2
Other conditions	1
Ears—	
Defective Hearing	25
Other Diseases	7
Nose and Throat (other than enlarged tonsils, etc.)	82
Enlarged Cervical Glands	3
Defective Speech	2
Defective Teeth	980
Oral Sepsis	7
Heart—	
Organic	2
Functional	5
Anæmia	102
Lungs (Other)	1
Tuberculosis, Pulmonary—	
Definite	1
Suspected	1
Tuberculosis, Non-Pulmonary—	
Glands	2
Nervous System—	
Epilepsy	1
Other	9
Deformities—	
Rickets	1
Spinal Curvature	240
Flat Feet	150
Other Forms	157
Debility	11
Other Defects and Diseases	52
Total	1,905

Table 16. *Showing a comparison between the average heights and weights of a given number in each age and sex group, as recorded in URBAN and RURAL districts of the County.*

Age and Sex Group.		Number (in both Urban and Rural Districts).	Average Height (in inches) in Urban Districts.	Average Height (in inches) in Rural Districts.	Average Weight (in pounds) in Urban Districts.	Average Weight (in pounds) in Rural Districts.
Male	5	750	41.47	41.44	40.20	40.44
Female	5	750	41.09	41.04	39.26	39.66
Male	6	500	42.59	42.89	42.10	42.08
Female	6	500	42.43	42.53	41.30	41.20
Male	8	1000	48.15	48.44	52.88	53.73
Female	8	1000	48.00	48.14	51.45	52.06
Male	13	1000	56.05	56.64	76.43	78.63
Female	13	1000	57.13	57.63	79.60	81.22

Table 17. *Showing exclusions by the County Medical Officer's Staff and* (*for one month or over*) *by Private Practitioners during* 1923.

Defects.			By County Medical Officer's Staff.				By Private Practitioners or at Hospitals.				Grand Total.
			Medical Inspectors.	Tuberculosis Officers.	Nurses.	Total.	4-5 weeks.	5 weeks or over.	Indefinite.	Total.	
Malnutrition			2	—	—	2	3	1	—	4	6
Uncleanliness	Head		89	—	1094	1183	—	—	—	—	1183
	Body		10	—	71	81	—	—	—	—	81
Skin	Ringworm	Head	23	—	126	149	2	—	6	8	157
		Body	33	—	128	161	3	—	5	8	169
	Scabies		32	2	48	82	3	—	2	5	87
	Impetigo		153	—	464	617	8	1	16	25	642
	Other Non-Tubercular Diseases		27	—	143	170	8	1	11	20	190
Eye	Blepharitis		3	—	2	5	—	—	2	2	7
	Conjunctivitis		3	1	2	6	1	1	2	4	10
	Keratitis		—	—	—	—	—	3	1	4	4
	Corneal Ulcer		3	—	—	3	—	1	1	2	5
	Corneal Opacities		—	—	—	—	—	—	—	—	—
	Defective Vision		14	—	—	14	1	1	—	2	16
	Squint		—	—	—	—	—	—	—	—	—
	Other conditions		3	—	1	4	8	1	7	16	20
Ear	Defective Hearing		3	—	—	3	—	—	—	—	3
	Otitis Media		4	—	—	4	9	4	5	18	22
	Other Ear Diseases		4	—	—	4	2	4	5	11	15
Nose and Throat	Enlarged Tonsils		—	—	—	—	1	1	—	2	2
	Adenoids		—	—	—	—	1	—	—	1	1
	Enlarged Tonsils & Adenoids		—	—	—	—	3	—	4	7	7
	Other conditions		16	—	1	17	16	3	13	32	49
Enlarged Cervical Glands (Non-Tubercular			10	—	5	15	5	4	5	14	29
Defective Speech			—	—	—	—	—	—	—	—	—
Defective Teeth			—	—	—	—	—	—	—	—	—
Heart & Circulation	Heart Disease	Organic	4	—	—	4	5	8	8	21	25
		Functional	1	—	—	1	10	4	7	21	22
	Anæmia		18	6	—	24	24	17	15	56	80
Lungs	Bronchitis		16	52	4	72	24	16	20	60	132
	Other Non-Tubercular Diseases		4	2	—	6	24	27	19	70	76
Tuberculosis	Pulmonary	Definite	2	187	—	189	4	22	8	34	223
		Suspected	—	54	—	54	4	12	6	22	76
	Non-Pulmonary	Glands	3	29	—	32	6	5	1	12	44
		Spine	—	1	—	1	1	1	1	3	4
		Hip	—	2	—	2	—	1	3	4	6
		Other Bones and Joints	—	4	—	4	—	2	2	4	8
		Skin	—	1	—	1	—	—	—	—	1
		Other forms	—	15	—	15	1	—	2	3	18
Nervous System	Epilepsy		3	—	—	3	7	3	3	13	16
	Chorea		10	—	—	10	14	29	21	64	74
	Other conditions		4	—	—	4	17	20	17	54	58
Deformities	Rickets		1	—	—	1	—	—	—	—	1
	Spinal Curvature		1	—	—	1	—	1	3	4	5
	Other forms		5	—	—	5	1	2	5	8	13
Other Defects and Diseases			122	44	120	286	132	125	171	428	714
Totals			626	400	2209	3235	348	321	397	1066	4301

In addition to the exclusions shown in the above tabulation, the School Medical Officer issued during the year, 72 certificates of permanent exclusion from school—37 in respect of mental condition, and 35 in respect of physical condition.

Table 18. COUNTY OF KENT—SCHOOL CLINICS.

The following table details the work carried out during the year at the Minor Ailment Clinics on Saturday mornings.

Diseases and Defects.		Cases referred to Clinic as a result of routine medical inspection at a school.				Cases referred to Clinic through any other source *e.g.*, by school nurse, teacher, etc.			
		Number suffering from each defect.	Result.			Number suffering from each defect.	Result.		
			Remedied.	Improved.	Unchanged.		Remedied.	Improved.	Unchanged.
MALNUTRITION		3	—	2	1	7	—	5	2
UNCLEAN HEAD		1	1	—	—	24	19	5	—
UNCLEAN BODY		—	—	—	—	3	3	—	—
RINGWORM—HEAD		10	8	2	—	73	63	5	5
RINGWORM—BODY		12	12	—	—	46	44	2	—
SCABIES		3	3	—	—	49	44	1	4
IMPETIGO		27	24	3	—	121	121	—	—
MINOR INJURIES		2	1	1	—	72	67	5	—
OTHER SKIN DISEASES		25	21	4	—	80	50	26	4
EYES	Blepharitis	20	13	7	—	21	20	1	—
	Conjunctivitis	10	10	—	—	2	2	—	—
	Keratitis	1	1	—	—	2	1	1	—
	Corneal Ulcer	—	—	—	—	2	2	—	—
	Corneal Opacities	3	3	—	—	9	9	—	—
	Defective Vision	38	23	8	7	11	11	—	—
	Squint	1	—	1	—	7	4	1	2
	Other Conditions	6	2	1	3	4	2	2	—
EARS	Defective Hearing	9	3	3	3	11	3	5	3
	Otitis Media	18	1	16	1	15	5	5	5
	Other Ear Diseases	3	2	1	—	17	5	8	4
NOSE AND THROAT	Enlarged Tonsils	90	18	39	33	38	13	9	16
	Adenoids	22	15	2	5	8	5	1	2
	Tonsils and Adenoids	15	7	3	5	10	3	1	6
	Other Conditions	7	2	2	3	20	13	6	1
ENLARGED CERVICAL GLANDS		4	—	—	4	8	6	2	—
DEFECTIVE SPEECH		2	2	—	—	8	7	—	1
TEETH	4+	5	5	—	—	24	15	8	1
	4—	—	—	—	—	1	—	—	1
	Oral Sepsis	1	1	—	—	13	13	—	—
HEART DISEASE	Organic	4	—	3	1	—	—	—	—
	Functional	6	1	4	1	13	2	11	—
ANÆMIA		17	11	6	—	27	8	17	2
LUNGS	Bronchitis	8	5	3	—	9	6	2	1
	Other	1	—	1	—	9	—	7	2
PULMONARY TUBERCULOSIS	Definite	2	—	2	—	—	—	—	—
	Suspected	21	1	20	—	24	3	18	3
NON-PULMONARY TUBERCULOSIS	Glands	6	—	6	—	10	—	10	—
	Spine	5	—	5	—	2	—	2	—
	Hip	—	—	—	—	—	—	—	—
	Other Bones and Joints	1	—	1	—	—	—	—	—
	Skin	—	—	—	—	—	—	—	—
	Other	—	—	—	—	2	1	1	—
NERVOUS SYSTEM	Epilepsy	—	—	—	—	3	—	1	2
	Chorea	6	2	4	—	22	8	1	2
	Other	2	—	1	1	7	1	5	1
DEFORMITIES	Rickets	16	10	4	2	9	—	8	1
	Spinal Curvature	1	—	1	—	5	—	5	—
	Other Forms	4	—	1	3	31	—	23	8
MISCELLANEOUS		20	11	7	2	137	83	42	12